

INDIVIDUAL PSYCHOLOGY PUBLICATIONS

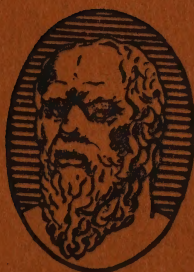
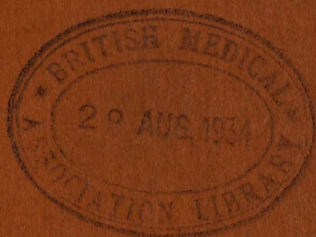
MEDICAL PAMPHLETS—No. 7

Individual Psychology and The Child

(I)

By

Dr. Leonhard Seif, Miss Doris Rayner
and Frau Agnes Zilahi



"Know Thyself"

LONDON: THE C. W. DANIEL COMPANY
Forty-six Bernard Street, W.C.1

K47702

205 L

COLLECTED WORKS OF MARY EVEREST BOOLE

Edited by
E. M. COBHAM
with Preface by
ETHEL S. DUMMER

4 volumes, £3

MARY EVEREST BOOLE was a pioneer in the study of mental hygiene. She not only anticipated much that is now fully accepted in modern works on the unconscious, but much that is only beginning dimly to be perceived. ¶ This collection of her work into four volumes is arranged in chronological order to bring out the development of her thought. ¶ Her method is one of using the brain in a way, not only to keep it healthy, but easily to solve problems—religious, social and political—hitherto deemed insoluble. That is why her books should be read by Schoolmasters, Physicians, Parents and Reformers.

16 pp. prospectus post free on application

LONDON: THE C. W. DANIEL COMPANY
FORTY-SIX BERNARD STREET, W.C.

The ROBINSONS

Character Studies of a Family in a Nutshell

By Thomas E. Lawson, L.R.C.P., L.R.C.S. (Ed.)

Do You Understand Your Child?

This book shows the influence of environment on the growing child during the first few years of life and the responsibility that rests on all whose duties bring them into close contact with children.

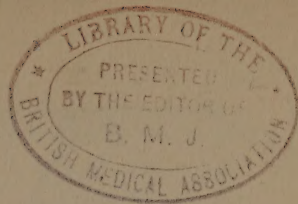
1/- net

LONDON: THE C. W. DANIEL COMPANY
FORTY-SIX BERNARD STREET, W.C.1



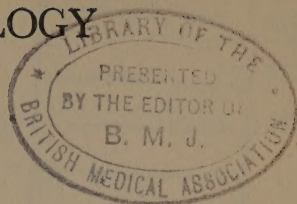
22200102230

Med
K47702



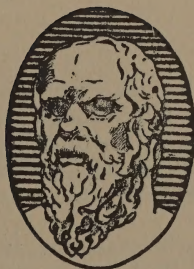
18/1/33 2/6 net 3

INDIVIDUAL PSYCHOLOGY AND THE CHILD (I)

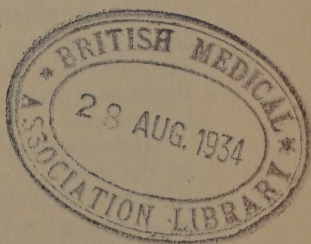


Dr. Leonhard Seif, Miss Doris Rayner
and Frau Agnes Zilahi

January, 1933



“KNOW THYSELF”



LONDON: THE C. W. DANIEL COMPANY
Forty-six Bernard Street, W.C.1

2818

7, 869, 815.

WELLCOME INSTITUTE LIBRARY	
coll.	welMOMec
call	
no.	155

MADE AND PRINTED
IN GREAT BRITAIN

INDIVIDUAL PSYCHOLOGY PUBLICATIONS

MEDICAL PAMPHLETS

Edited for the
Medical Society of Individual Psychology, London
by
F. G. CROOKSHANK, M.D., F.R.C.P.

ASSISTANT EDITOR:

Dr. Hilda Weber, 23 New Cavendish Street, London, W.1

CORRESPONDING EDITOR:

Dr. W. Béran Wolfe, 24 East Eightieth Street, New York City, U.S.A.

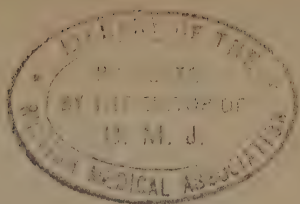
No. 7

Regular issues of Medical Pamphlets in this new series of Individual Psychology Publications will appear in future at least quarterly. Copies will be supplied, without charge, to all Members and Associates of the Medical Society of Individual Psychology, but will be obtainable by others through the usual booksellers.

These regular issues will constitute, in some sense, the Journal of the Society, and will be prepared in collaboration with American and other groups of Individual Psychologists. Each issue will be denoted by an arabic numeral, thus: 3. Other pamphlets, dealing with special subjects, will appear from time to time, but will not be distributed by the Society to Members and Associates. Such supplementary pamphlets will be distinguished by the addition of a roman letter to the arabic numeral denoting the quarterly issues with which they are linked, thus: 3a.

CONTENTS

	PAGE
NOTES AND NEWS	5
INDIVIDUAL PSYCHOLOGY AND EDUCATION (Dr. Leonhard Seif)	7
INDIVIDUAL PSYCHOLOGY AND THE CHILDREN'S CLINIC (Miss Doris Rayner)	20
THE EDUCATION OF THE INFANT (Frau Agnes Zilahi)	29
ABSTRACTS FROM CURRENT LITERATURE	49
REVIEWS AND BOOK NOTICES	57
THE MEDICAL SOCIETY OF INDIVIDUAL PSYCHOLOGY	59
ASSOCIATED GROUPS: NOTES AND ANNOUNCEMENTS	60
A LIST OF BOOKS IN ENGLISH	61
INDIVIDUAL PSYCHOLOGY PUBLICATIONS	63



NOTES AND NEWS

It may be permitted here to express the great gratification shared by every member and associate of the MEDICAL SOCIETY OF INDIVIDUAL PSYCHOLOGY at the appointment, by His Majesty the King, of Dr. Langdon Brown to the office of Regius Professor of Medicine in the University of Cambridge. It is no small thing for medicine that such an academic post should be held by so humanist a physician as our chairman. We all sincerely wish for him a happy and successful term, and are persuaded that, with Mrs. Langdon Brown's gracious presence by his side, that term will be no less notable in the wider sphere of human relations than in those purely professorial.

.

It had been hoped that the present session of the SOCIETY's activities would have been inaugurated by an address from Dr. Adler. But owing to what the late Lord Brentford might have called a "stern call to duty" from the United States, this was not to be. Under such circumstances, Dr. Seif, of Munich, at once responded in the most generous fashion to an appeal, and his visit proved to be a great success.

.

Arriving in London on October 11th, Dr. Seif was entertained at dinner, together with the Committee of the SOCIETY and others, by Dr. and Mrs. Langdon Brown, on October 13th, before proceeding to the opening meeting of the session which, attended by nearly a hundred members and visitors, was then addressed by him on THE INDIVIDUAL AND THE COMMUNITY.

.

On October 14th Dr. Seif proceeded to Birmingham, where a programme, arranged by Dr. Burns (Special Schools Medical Officer and Director of Child Guidance), was carried out. The Child Guidance Clinic was visited and tea taken with the local branch of the British Psychological Society, to whom an informal talk was given on doings at Munich. Later Dr. Seif addressed a crowded meeting, principally of School Teachers, in the lecture hall of the University, under the chairmanship of Alderman Kendrick. This address is reproduced in the present PAMPHLET.

On October 15th Dr. Seif journeyed to York, where he was met by Dr. Hewett, the honorary secretary of the YORK MEDICAL SOCIETY, which famous body attended in great number, in the evening, to hear Dr. Seif discuss INDIVIDUAL PSYCHOLOGY AND NEUROSIS. At York the ground had been not unprepared by lectures on I.P., and the result is, without doubt, that, as at Birmingham, an important centre of activities has been created.

.

Returning to London on October 16th, Dr. Seif met a number of persons interested in I.P. at the house of Drs. Cuthbert and Ethel Dukes, whose hospitality during his stay in London alone made many things possible. Ensuing days were largely occupied by a programme arranged by the INDIVIDUAL PSYCHOLOGY COMMITTEE, a small body whereof Mr. W. T. Symons is chairman and Miss P. Dudley-Short honorary secretary, and which is concerned with the co-ordination and centralisation of activities other than those of the MEDICAL SOCIETY, and hopes to found a club or institute for instructional and social purposes.

.

Under the auspices of this COMMITTEE, Dr. Seif lectured, on October 17th, 19th, and 21st, at the School of Hygiene and Tropical Medicine, to audiences of a couple of hundred on each occasion. The lectures—on the TENDENCY TO FREEDOM FROM CONFLICT IN LIFE AND DISEASE, on RESENTMENT AND REVOLT, and on I.P. AND LIFE-PHILOSOPHY—were very warmly received and, together with that given to the MEDICAL SOCIETY, will be published early in the New Year, as one of our extra PAMPHLETS. After each lecture a stream of questions flowed in, and all were answered with unfailing point and good humour.

.

The formal part of Dr. Seif's engagements was closed by a dinner given by the INDIVIDUAL PSYCHOLOGY COMMITTEE at the Florence Restaurant, on October 22nd. Mr. Symons presided.

The few days that followed, as well as every temporal interstice during the whole visit, were occupied with private visits to clinics and by personal interviews. It is not too much to say that an ineffaceable impression of personal kindness and of "comradely benevolence" has been left behind by Dr. Seif. So strong, indeed, has been this impression as to warrant the hope that the real profundity of thought that lies behind I.P. will not be hidden from the novice by reason of the warmth of feeling evoked. Dr. Seif's motto, very patently to all, is: *Caritas caritatum, omnia caritas!* We can only say to him: *Prosit! Auf Wiedersehen!*



INDIVIDUAL PSYCHOLOGY AND EDUCATION

Dr. LEONHARD SEIF, of MUNICH

An Address delivered at the *University of Birmingham*, on October 14th, 1932.

It was Friedrich Nietzsche, a philologist, teacher and philosopher, very much interested in education, who said what I regard as some unforgettable words, important for all times, but especially in these difficult present days in which we are living.

"We come," he said, "to the time when everything will be education, but the first educators must educate themselves."

This represents a situation in which pupil and educator are likewise to be educated. The real problem to-day involves the education of everybody.

If you will allow me I will try to outline briefly the preliminaries of this theme and, in particular, to give you some impression of what Individual Psychology is.

Our situation here is a connection of relations of individual fellow-men and women—earth—cosmos. That is a fact. That fact is our destiny and that destiny is our task.

Individual Psychology is a science. Every science has an object, and the task of scientists is to adjust their science intimately to that object.

The object of Individual Psychology is primarily concerned with *a human being as far as he is a fellow being*, a social being, and that means a moral being.

The Individual Psychologist asks everybody: How far are you a fellow being? How far are you a co-operative being? How much do you belong to us? How much are you dependable and trustworthy to us?

Co-operative in a way that will help us to solve the complex problems and tasks which confront mankind to-day? Are you a fair, loyal playmate or a killjoy?

This, then, is the object of Individual Psychology: the contact, the relationship of individual and community. Is this relationship such that the individual has developed social feelings? Has he reached the stage to be a real member of the community?

The community, whether it be the playground, the family, or the school, profession or marriage, or a larger circle of social life around us, whatever it is, we all must learn to prepare ourselves for this special task. This relationship is the frame within which our lives have to be lived.

The individual is a unit, a totality and as such, striving toward a goal, the goal to overcome:—what? Difficulties, outside ourselves and within ourselves.

The history of mankind teaches us that our whole development is towards overcoming difficulties. The creation of civilisation, culture, technics, science and so forth presupposes endeavour and communal life, the sharing in a common situation, in common interests, the division of labour.

We can truly say that there has never been an individual that really lived alone. Life under such conditions would be impossible, there could be no existence, not to mention development.

The childhood of a human being lasts about eighteen years. Could there be developed speech, reason, logic, morals, ethics and any practical skill without the community? It demands help—to help the child in such a way that it trains his gifts and powers to prepare the answers to the three demands of life: Community, profession, love and marriage.

I have already said that every individual is striving towards a goal. What we call striving, willing, desiring, wishing, and so on is a *moving*. It is always dynamic; a movement between two points, two poles.

One pole represents a *minus*, and the movement is to go from the *minus* to a *plus*; from a lack to a satisfaction; from something we miss to something we get; from a feeling of insecurity (always following the inborn law of balance, of compensation) to a point where there is no longer any feeling of insecurity. The movement is from the point of a lack of value towards the point where value is gained. The lack of value may be weakness: and the value, strength. The lack of value may be the lack of knowledge, and the plus, knowledge: it may be clumsiness, and the desired goal, skill.

It is always a striving from the point of a feeling of inferiority towards the goal of superiority; of power, of totality, of completeness, of perfection where the individual is free from the burning and unbearable feeling of inferiority. The individual goal, the movement-line once given, all the child's creative powers, intellect, emotions, will, character, urges, dreams, movements, gestures, logic, morals and so forth are moulded towards the goal. All the different forms of expression are the individual answers to the individual demands of life, are his *style of life*.

We know it is the normal psychological situation for a little child: that he is weak, helpless and entirely dependent upon environment. At the same time, when a child becomes occupied with his orientation to his environment we must not forget that the child can mistake his situation and himself: can *under-estimate* it, can *over-estimate* it and the chances that environment offers him. In short, he can arrive at something we call an *opinion*.

Here I ought to interpolate that, if the attainment of the social reality is given us as a task, we must not forget that we can never solve that task perfectly; can never understand completely the facts of life. What we can do is to form an *opinion* about them. We can approach more or less to the fact of social life, to

the task of co-operation; and it finally depends upon the child, to what kind of opinion and more or less mistake about himself and environment he will come, and how much he will adjust or mal-adjust himself to life. According to his individual experience the child's creative peculiarity can make everything of his innate material: right or wrong.

Here are two important factors: First, the child's *constitution*. His constitution is very often not perfect. There can be obvious organ-inferiorities in the respiratory system, in blood circulation, in bones, muscles, the sensory organs, the eyes and ears, the skin, the nerves. There can be rickets and those child defects, for instance, like bed-wetting, stammering, thumb-sucking and so forth.

All these things must be taken into account in childhood. The moment a child begins to be aware of his handicap in comparison with other children or his mother, his father and his relatives, this can influence his opinion about himself, about his future chances in life, about his gifts and talents in a too pessimistic way and mislead him, to give up.

There is another side to this matter, and that is the *child's social environment* as represented by his mother and father and the others in the family. The *mother* is of the greatest significance in the development of the child in the beginning, of his rooting in the ground of the community, much more so than the father. The mother is much *nearer* to the child, and we can understand how important it is that the mother should be prepared for the task of having the child and bringing him up; to understand and help him; to give the child what he needs, e.g. the necessary encouraging training in the case of an organ-inferiority.

It is also of the greatest importance to know; *is the child welcome?* Very often it happens that a child is not welcome. It is a dangerous situation when a child is brought up by someone to whom he is not welcome.

It may be the case of an illegitimate or of an ugly child, or of a girl, when a boy was expected.

Here are a few other examples of the possibilities, the incentives and alluring inducements to a mother to give her child the education that he does not need and should not receive. For instance, the mother may spoil the child. If the task of education is to instil the ideal and the spirit of co-operation, then the child thus spoiled does not learn to endeavour to consider others, the interests and needs of his mother and father and of his environment.

It is the mother who ought to be the primary link with the child, the connection of the child with the father, brothers and sisters; but if the mother spoils him, the child can develop a tendency in the wrong direction—for getting, without giving; having little or no social consideration, social interest for others. Such children display very slight indications of a communal feeling for social interests and for consideration of others than themselves. They want to be spoiled and they do not become real members of society.

A second difficulty arises when the child is brought up in a loveless way; hated and neglected. The child makes his acquaintance with life in a loveless world, the mother is a stranger or worse to him. It is like growing up in a hostile country, among unfriendly foreigners. Such a child can easily develop an intensified feeling of inferiority, of insecurity and hostility.

There is another case—the education which reveals an excess of personal authority. It is a kind of military education, conspicuous for its commands, its forbiddings, threatenings, and punishments; misleading the child to a wholly wrong opinion about himself, about society and social life.

The factor, however, that seems most universally to affect the child is his *position* in the family constellation, i.e. his relationship to the several members. How often

you hear it said: "Here are three children brought up in an identical environment, yet how differently they have developed. It must be their different inheritance!" Obviously, of the three children in this "identical environment," one was an oldest child, one was a youngest child and one was neither the oldest nor the youngest! Also, one may have been a girl with two boys, or *vice versa*. The oldest child may be spoiled, or be made too responsible, or be expected to be too perfect; any of these factors may lead to discouragement. In his first years he was the centre, but when the next child came he was dethroned. The youngest, too, is often spoiled, and from one reason or another any one of the children in a family may be the favourite. Obviously, the varieties in these relationships are legion, and no two children can have identical environments. The situations that may cause loss of confidence and insecurity are many.

Sex difference is another great factor. The male sex is to-day still over-appreciated; in most parts of the world there is a male culture. It is a man's world. Not only the men but women over-emphasize the importance of men. Girls are weaker physically than men in certain ways. The girl child may feel this and be oppressed by it, by being "only a girl." Boys are often more desired; too much is expected of them; overweening ambition and discouragement results.

A child has very great good fortune—and very rare—when he is born to well-prepared parents; to parents who are good partners, on equal terms, and equally ready and eager to create an atmosphere of affection and friendliness, an atmosphere of optimism, where the child can develop, side by side with his parents, his own gifts and powers, finds everything that helps him to train and develop his gifts and powers in such a way that he will overcome his feeling of inferiority little by little, and surmount the consciousness of the great distance between himself and his

parents. Little by little he will come to realise that what they can do, or what his elder sisters and brothers can do, he also can accomplish in time. Such a child learns to face difficulties, and overcome them step by step. Not perhaps the fifth step after the first one, but after the first step the second, and so on.

But all this requires well-prepared mothers and fathers and educators. If the feeling of inferiority is too much intensified, then the struggle to overcome it is intensified too. If a child, instead of being encouraged in a straightforward way is *discouraged*, then he will be anxious, bashful and cowardly. He will try to take zig-zag ways, to go round things, instead of going directly ahead and dealing with them. Early in life he will have less confidence in himself, will be more or less lacking in courage and confidence, and be ready to escape from decisions and responsibilities.

Every individual is somewhat different from other individuals. But if they are different, they are not very much so. About the present generation I think we can say that if we take note of the so-called normal and abnormal individuals it will always be evident that in them there is more or less about the same failure, the same lack of social interest, the same lack of preparation for social life, for co-operation.

Now, all this is of great significance for the relationship of child and educator. To help undeveloped or less developed individuals to development presupposes *more* developed individuals, else the educators cannot teach, cannot help! If that be true, then the opposite is also true, that every fault in a child reflects, mirrors, the fault of an adult. It is obvious that the garment cannot be cleaner than the water in which it is washed!

Individual disorders mirror social disorders. It is most important to focus that fact. If we see something that is wrong with a child, there must have been something wrong with his environment. Of course, the

environmental influence is not *compelling*, but incentive and alluring!

I quite realise that objections may here be raised; that one is talking as though there was not what we call *heredity*; traits of character that are innate, in-born; as if there were not certain individual limits of gifts and talents. We must be particularly careful in approaching this subject under this aspect. The encouraging experience of I.P. is: *Not what one is gifted with is relevant, but what one makes of it.*

Of course, it would be a nice soothing cushion for the child as well as the educator, if the education of the child did not make progress, to be able to say: "Well, it is not my fault, it is the fault of heredity. I cannot help it!"

Conceit and education are irreconcilable. I think we all ought to be courageous enough never to think that everything we do is right and perfect. We all should realize that we are liable to mistakes, that to err is human and this holds good for everybody. It is up to mother, father, teacher to understand their own and the child's mistakes, to arouse his confidence and courage, to interest and help him, to make him friendly, and co-operative.

Of course, such an educator needs something without which—it seems to me—education is absolutely impossible. That factor is *confidence*. How can there be education without confidence and belief in the child one has to deal with? If one fears, as is often the case, that he will be like his father, his grandmother, or "that stupid uncle" (or anything like that!) how can one help the child? E.g. an illegitimate child came to my clinic with his mother. The mother was very unhappy about the broken relationship with the father of the child. One parent hated the other and the child, too, and treated the child with the hatred felt for the other parent. I often meet with those conditions. "You are like your father; you will do the

same thing," says mother. And eventually she will be right—the child *will* become a problem child: because she treated him wrongly!

If it is so important in education to arouse confidence in another individual, then the worst thing that could happen is to deny an individual his chance to develop and become a right social being, to deny him the possibilities of his future. That can really mean to ruin the life of an individual. And we must not be surprised if we find people like that among the criminal classes. When an individual is persuaded that no one believes in him, then he arrives at last at the point where he no longer believes in himself! It is *as if* such a child would come to us and say: "I have lost all confidence in myself and in you. Please give me your confidence that I can find confidence in myself as well as in you."

We have to adjust ourselves to this educational task in every form—the educator in the family, kindergarten and at school, the social worker, the doctor; all have to understand the point of conflict in these individuals. Without psychology we cannot do it. We must be able to feel ourselves into the child's mind.

There are two possible attitudes towards the child: a subjective and an objective one. The subjective form is to see the individual from the view-point of one's own wishes, desires, tendency to superiority over the other individual. And the question then would always be—we all know it—"What do you think of me?" "Do you like or dislike me?" "How do I impress you?" "Do you please me or not?"

The objective psychological form would be to see the child as an equal worthy individual, to understand his style of life, as I already pointed out, and to consider his faults in case of a problem child as a conceivable but not *necessary* mistake, for which he can always make up. That is the case with all kinds of problem children; it may be neurosis or juvenile

delinquency. These are all individuals who *have lost social interest for others*, who did not learn it, who *have only personal interest for themselves*.

Neurosis is a social disturbance: to attain irresponsibility and privileges by means of sickness. Nervous individuals know the communal feeling well, i.e. *in others for them*, but ignore it for their part. They want to receive without giving. Neglected children who have never experienced love come consequently to hate their environment. They are not ready for co-operation; they seem to think they live in a hostile country. They are prompt to injure others. You know what things such children do at home and at school. They lie, steal, destroy, hate, injure their neighbours: they are lazy, dirty and disorderly, erratic and so on. They did not learn to co-operate in life, they are filled with a sense of insecurity about their position. And one can say that if an individual is very much occupied about his position among other people, he will very soon be in opposition to them, become obstinate, pugnacious, destructive and so on.

The *psychotic* has entirely given up social interest. The utmost lack of social interest is shewn by suicide.

You will note that I have not attempted to give any definition of a normal individual. There is no absolutely normal individual. The most we can say is that there are approximations to the ideal of a normal individual; but we are not the ideal. The ideal is a yard-stick to measure what is right, what is wrong. The "about normal" individual has learned from his early childhood on to act on the useful side of life, to train his *co-operation* and creative powers in the effort to overcome growing difficulties step by step in a spirit of community. That would be the best preparation for his future. The individual's opinion about life is like having spectacles on the nose: the wearer has to see everything through the colour of the glasses: i.e. in the case of the normal, common-sense

individual, in another way than in the case of a problem-child with an insufficient, a-social childhood preparation.

Education is to prevent failures, and if they have already happened, to make up for them, to win children for independence, responsibility and community. This is a question of atmosphere.

As to the problem of school and school-work, it is clear that if a child is not well prepared for co-operation in the family within the first six years of his life, he may lack that special preparation at school. We know that for a good many children one of the most horrid days was the first school-day, especially when the child was told: "Oh, wait until you come to school, your teacher will show you," and so on. Every single child will behave at school according to his individual style of life.

Therefore, the teacher has to face a certain individual task, which will be simplified for both parts by his understanding of the situation. The practice of I.P. shows that this does not mean so much work as it seems to. It is also a very great help to the class. There are objections raised that it may be comparatively easy in small classes, but practically impossible in large ones of fifty, eighty and ninety pupils. I quite agree, but still, a good teacher with a good understanding will tackle this task better than an untrained one. He will be able to create the helpful atmosphere for the pupils, to avoid arousing fears, to stimulate confidence and courage in the child, to interest him in the school-life and the school-work.

That leads to a most important question, the *conditio sine qua non* of education: *education of the educators*.

It is impossible that we can understand others unless we understand ourselves. A doctor can treat a patient with pneumonia, without having had it himself; a surgeon can amputate a leg without having

undergone the same operation himself. But he who wants to be an educator *cannot* become one without looking sincerely into himself, without realizing how and what he is; apart from his tendency to identify what he would like to be with what he really is. In other words, the attempt to know oneself covers up the conflict between two traits of character: Pride and truthfulness. Which is stronger? The decision is a question of courage and of the experience that something is wrong with himself that he would like to know, in order to alter it.

This is the indispensable condition of self-education and adjustment to social reality and of understanding of the fellow-man. What was said before about understanding the child, holds equally good for understanding the educator. He must learn to harmonize the personal and social interests, to see a fellow-man in his pupil, independent of his personal subjective interest. This is the way of I.P. towards understanding of failures: neither accusing, nor excusing or defending them: but regarding them as comprehensible though not justified and therewith leading to a new start for co-operation.

One must begin with the beginning. The new world, a new structure of mankind will be built up by the school masters and leaders of kindergarten, the first representatives of mental hygiene.

The school is really the prolonged arm of the family (Alfred Adler). A wonderful new task, a new responsibility begins for us! It is not that we have to do nothing but thrust booklearning into the heads of the poor children, to enforce mechanical work, it is that we have to help them to become human beings, equipped to solve the tasks of life. The realities of life are social realities. We have to help children to ripen, to become self-dependent and social together; *i.e.* to learn something more satisfactory than to play a spoilt centre, *to stand on their own feet courageously*. For instance, if

they make mistakes or faults then not to be angry, not to deny them everything, or punish them, but to tell them—"That is not so bad, perhaps you haven't tried enough. Try once more. You can make the effort; you can accomplish it. I have confidence in you!" If they make progress—it may be only a little—it would be very helpful to acknowledge it, to find a word of recognition for it: "You have done that well!" It will help them to overcome faults.

I must draw to an end. But, if you have to undertake the re-education of a child with difficulties in your kindergarten, nursery, school, family, you should not forget the words of Pestalozzi:

"If you start to re-educate a child, don't forget that he will resist you with all his powers."

Why? Because he has no confidence in himself and in others. We cannot demand confidence of a child; we must give it to him and be patient.

Neurosis is not allowed to the educator. If he has not aseptic hands, he ought to wear clean gloves when he has to do with children!

Patience is necessary; good humour is necessary. Something that makes the whole atmosphere healthy and bracing, so much more welcome, helpful and stimulating.

I finish with the words of a great man, whose memory has been celebrated throughout this year—Goethe. He said what seems to me to be the key to co-operation and re-education everywhere, but especially in the school.

"If you treat an individual *as* he is, he will stay *as* he is, but if you treat him *as if* he were what he ought to be and could be, he will become what he ought to be and could be."

INDIVIDUAL PSYCHOLOGY AND THE CHILDREN'S CLINIC

Miss DORIS RAYNER

A Paper read before the *Medical Society of Individual Psychology, London*, on June 9th, 1932.

A class of village children in Germany wrote essays on punishment. One girl of nine wrote briefly: "The mother who beats is bad: how then shall the child be good?" This child saw the main principle of child guidance: how the child shall be good depends on the education and re-education of the educators—of parents, nurses, teachers, social workers, physicians, judges, etc.

The change in attitude in the last hundred years or less, from suppressing the child and beating original sin and the devil out of him to the idea of guidance, is remarkable—the progress in this time seems almost greater than in all the ages preceding. The increase in delinquency and nervous disorders, and such a world catastrophe as the War, might have strengthened the previous pessimistic attitude that "there is no health in us," but they seem instead to have driven people to realise what such leaders as Confucius and Jesus maintained—that the necessary social feeling is innate in everyone, that if it is allowed to develop these individual and national catastrophes can be avoided, and that if its development has been warped the child may be guided back from the useless to the useful side of life.

Child Guidance Clinics originated with Dr. Healy's work in Chicago twenty-three years ago; and since the incorporation of the Judge Baker Foundation in Boston, in 1917, two hundred and thirty-two clinics have been formed in America with the full staff of psychiatrist, psychologist, and social worker; thirty of these give full-time service. The report of the Commonwealth Fund says of the Clinics:

"When they began their work they offered something new and unfamiliar; some harried teachers and parents thought of them as convenient doorsteps where bad children could be made good. As time went on it became evident that the psychiatrist was no more a demi-god than the teacher or social worker; and that even the team of psychiatrist, psychologist, and social worker could

accomplish little in the face of the great mass of maladjustment, unless school, social agencies, and parents shared the responsibility of treatment."

Judge Baker, the first judge of the Boston juvenile court, to whom the clinic is a memorial, was spurred on to his work of understanding delinquent children by one girl brought before him who said: "You and your officers are here to do your duty, and I suppose you are going to send me away, but before I go I want to tell you one thing: you don't understand me!" The Judge Baker Foundation under the leadership of Dr. Healy and Dr. Bronner has furnished the pattern on which most of the leading American and European clinics have been formed. A brief description of the Judge Baker Foundation plan, based on six months' study and work there, will give a general idea of the methods of most clinics other than those on the lines of Individual Psychology.

All children appearing before the Boston Central Juvenile Court are sent on to the clinic for examination; other sources are schools and social services. A child coming for the first time spends at least the whole morning there: he is thoroughly examined by the physician and given complete mental tests by a psychologist. Meantime the social worker is interviewing the parent: she has a very full list of points to cover—histories of parents and grandparents, the whole physical history and development of the child, interests, habits, reactions to family and friends—it is impossible to cover this in less than two hours, usually three are required. A great feature of the Judge Baker examination is the child's own story, which always appears in detail in the records, and is most useful, as the impartial attitude of the interviewer usually elicits a true account of the child's difficulties and his attitude to them. In the afternoon a conference is held of psychiatrist, psychologist, social worker, students, and the person referring the case. Information obtained by the morning's examinations and interviews is pooled, and a summary made giving the main features of hereditary, developmental and environmental history, results of physical examination and mental tests, findings of the psychiatrist, and points from the child's own story. These are discussed, and a list of the causes arrived at, containing often such factors as poor companions, constitutional inferiority, lack of parental discipline, lack of recreation, life of fantasy, etc. The treatment suggested was until recently left to the person previously handling the case, but a recent letter from Dr. Healy states: "We are changing our attitudes in our work from year to year, and I hope we are improving; the chief point is that we are paying a good deal more attention to treat-

ment and taking relatively fewer cases—trying to do more intensive work in every way.”

Child Guidance Clinics on the lines of Individual Psychology started out from a different angle. The clinic just described was founded to get at the root cause of misconduct; it was a new attempt to understand the offenders by studying them from the psychiatric, psychological, and social points of view. Individual Psychology Clinics, first formed by Adler in Vienna in 1920, started out with the basis of an understanding psychology which saw the child as a unity in relation to the whole, and which understood all his modes of expression (thinking, feeling, doing, temperament, character, movements, nervous symptoms, etc.) as his individual responses to the social situation and its demands on him. The clinics were the natural outgrowth of the educational centres (*arbeitsgemeinschaften*—groups of parents, teachers, social workers, physicians) which had been working in the theory and practice of individual psychology in the conviction that the rapidly increasing nervousness and delinquency of children could only be checked and remedied by the understanding and help of their environment. The work of the clinics began where the understanding and help of the child's natural educators—parents, teachers, etc.—had not been sufficient to enable the child to remain on, or to return to, the useful side of life.

Dr. Seif, of Munich, formed a clinic there in 1922, and the following observations on the working of Individual Psychology clinics are based on a winter's work with the Munich group.

Every case dealt with in the clinic emphasises the importance of two facts: first, every less developed person needs for his development the help of the more developed; and implied in this is the second, every fault of the child reflects a fault of the educator (Seif). And the small helpless child cannot choose these educators on whom he is so dependent. Welcome or unwelcome, healthy or sick, pampered or beaten, he must take what comes; and every minute he is working out and building up some style of life by which he may leave his natural childish insecurity, by which he may count and be someone. If he meets with welcome, help, understanding and encouragement, his ways of counting will be sound and social, not disturbing others but co-operating; if he does not get this help, if, for instance, he is unwanted, if he is spoilt and kept dependent on father or mother, or finds too much personal authority, preachings, and punishments, his insecurity remains, he will find safety in distancing himself from others, (e.g. shyness, stammering, melancholy), or will try to get the position of spoilt centre by demanding love,

help, attention everywhere; or seeing others as enemies, he will fight and be always on the defensive.

So the development of the educators must be in the direction of social feeling. Intelligent, industrious, or ambitious parents or teachers may instruct the child, make of him a clever scientist or artist, but only if they themselves have developed real courage and social feeling can they give the necessary helping hand in this direction. So we may expect many of our clinic parents to be industrious, well-meaning, ambitious people; but we know that they have failed to give the child the understanding, trust, and confidence he needed for courageous development. The time when it is most important for the child to have this help is during the first few years of life, when he is building up his ways of reacting to society and its demands. Once these ways are built up with the ego as centre, they may remain unsocial for the whole life; but if his ways of reacting are sound and social in early childhood he can never later be made nervous. We know that the child coming to the clinic has not been helped to stand alone, that he seeks useless power instead of social activity, that he is following his individual reason and sense dictated by his fears instead of a sane common sense, and that this uncommon sense is leading him to use the nervous symptoms, delinquencies, etc., to attain his goal of superiority.

Philip, a boy of six, observed in a private school, and apparently in danger of becoming a murderer, stated his aim very precisely. He flew into rages when teased, glared at the headmistress when she held him up to ridicule or made him stand behind his chair. When he was playing he would often pick up a stick, run forward very lightly on his toes, and splinter the stick by crashing it on the ground. The young nurse who made the notes heard a playmate ask him what it was about, and he replied: "It's my favourite game, killing Miss X (the head) so she can't tease me and make me jump." He asked questions about madness with the elaborate unconcern which children use to disguise anxiety, but when a playmate once said: "Oh, that's a mad idea of yours!" he was taken off his guard, went white, and shouted: "You mustn't say that word to me, I can't bear it, it makes all my habits worse!" He constantly asked what was done to people who killed others; were they hanged or killed in some other way. He often asked: "If I get into one of my rages, will I be strong enough to kill someone, maybe Mary or Jane?" (two playmates). He attacked weaker children if left with them, yelling: "Now I'll show you I have power over you." Then he presented the observer, who had had no contact with Individual

Psychology, with the key to it all, by saying to her once: "I don't want to be silly; I'll be all right when I'm sure I'm the most powerful here." The futile diagnosis of moral imbecile is often given in such cases.

The Munich Clinic is held weekly in an unpretentious school-room, and is attended by from thirty to sixty people, teachers, doctors, parents, students, judges, etc., many of whom are attending two or three lectures or seminars a week on Individual Psychology. Each case takes about an hour, longer if a first visit, so three or at most four cases can be taken each week. There are no paid workers, and treatment is always free. Children are referred by teachers, social workers, hospitals, and many by parents of children who have been helped. The person referring the case gives first what information he has; sometimes the voluntary secretary and social worker has been able to visit the home and can give a report. First the parent is seen, usually the mother, while the father comes later by request; the child meanwhile remaining outside. Special difficulties must first be unburdened. Then the psychiatrist aims at getting the medical history, at forming an estimate of the physical equipment of the child, and at knowing as far as possible what effect organic inferiorities may have had on the child's ideas of his chances in life. The first interview allows an absolutely free and frank statement of the methods of treatment at home before the mother has an idea of those approved by the psychiatrist; he is careful not to indicate his attitude, in order to get a clear picture of the influences which have affected the development of the child, also of any variation, conscious or unconscious, in the mother's attitudes to different children. If talking freely of her past and present methods, she will usually let us see why the child is persisting in his tactics. For instance, she will show how zealous she is in reminding the forgetful child, in reassuring or comforting the fearful one, in punishing or warning the naughty one; she may state emphatically that Mary and John are not like Tom—"if only he were like them!"—and we know how often Tom must have heard this; but the mother will maintain that her treatment must be right because it succeeded with the other two. It is quite striking how many parents of clinic children are well-meaning, industrious, very ambitious people, terribly anxious to have faultless, affectionate, or successful children. They have, of course, in every case done the best that their preparation has allowed them, just as their problem child is doing now; but the very goodness of their intentions and their ambition is often the chief stumbling-block to the realisation of their wishes for the child. It is too painful for them to see that

they have made faults; they fear too much to allow the child freedom to make its faults and learn from them, to go for once unproved, to do something for itself imperfectly. They are thoroughly convinced that every fault of the child reflects "on" them, but terribly slow to realise that any, much less every, fault of the child reflects "from" them. Reasons for the child's difficulty which evades their responsibility are necessary—"heredity" is useful; or simply the child is as he is; he is shy, or fearful, or bad-tempered, just as he is blue-eyed or curly-haired.

It will readily be seen that the task of educating the educators is a much harder task than is the child himself, but must go hand-in-hand with the treatment of the child if he is to have the help he needs in changing anti-social to social ways. The more discouraged the parents are and the less adequately they themselves have solved their problems, the less helpful will be their treatment of the child; at the same time, the more discouraged and insecure they are, the greater is their sensitiveness to criticism and the more difficult it is to change their attitude. To build a golden bridge for the parents leading from old methods to new is perhaps the hardest problem the clinic has to face, and needs close co-operation between psychiatrist and social worker, and much tact, and sympathy, and patience. If the parents cannot be brought to co-operate, the child has either to be immunised against them, or removed from the home until he is self-reliant enough not to fall back into his old ways of reacting.

The interview with the child comes next, while the mother waits outside. Each child shows his various ways of reacting to the community; a shy child is shy, but not more than he is in any group of people; the fighter argues and interrupts; and two little twins of six, who used to play the clown in school, got friendly enough after a few visits to try to upset the gravity of the clinic and vex or annoy the psychiatrist. But as the group understands, the tactics don't work: the shy child finds that the doctor goes on with the conversation as though she were talking fluently; the fighting one finds the other doesn't fight; buffoons find themselves taken seriously and treated as equals whatever they do. Individual psychologists feel that the open clinic is of more help to children and to parents than is the private interview, besides being a means of education for the group. The child realises that his difficulty is a community problem. Consciously or unconsciously, he concludes that the attitude of the group is the same as that of the doctor; so when he finds that here for the first time is a man who does not blame him, who has confidence in him, who admits having made faults himself, he knows that the doctor is speaking for the group, and comes to feel :

confidence and support of society. The parents also feel this, that it is not only one man who is advising them to let the child go hungry, go late for school, make faults unreproved and unpunished, but that a number of ordinary people like themselves would not blame them for relaxing their well-meant discipline, but even support these weird suggestions and understand their problems from their own experience.

In the interview with the child it is important to know where he feels happier—home, school, or street; with whom he gets on better, father or mother; his attitude to his brothers and sisters; the influence of any organ inferiorities. Early remembrances, dreams, and favourite fairy stories all help to show where the child has felt insecure, and indicate his goal of superiority. All this is not only for the information of doctor and clinic, but for the enlightenment of the child himself, a bringing to consciousness of the background of his problems. He is led to see for himself what an *un-self-reliant* attitude his methods show, and at the same time is given confidence that he can succeed in useful things. As he is always treated as an equal he is not advised or asked to give up any of his methods. Suggestions are, of course, present in every tone of the psychiatrist's voice and every expression of his face, but the strongest one given in words is usually: "So you would not need those useless things." Particular faults or difficulties are seldom mentioned, never if they would embarrass the child. As all difficulties and delinquencies are only symptoms of the underlying defective social feeling and egocentric striving, it is immaterial for the treatment what form the difficulties take. Conversely, the disappearance of a symptom is not taken in itself for a cure. This is one of the strongest features of Individual Psychology child guidance, that symptom treatment cannot happen. So for instance, a child with an outstanding educational difficulty could not in an I.P. Clinic receive only the skilled help of a psychologist or teacher which might remove the particular difficulty but leave the cause untouched. This symptom treatment is like stopping up the holes whence the smoke is issuing, but leaving the fire burning beneath.

The following case shows the development of a vicious circle between parent and child, both striving for the upper hand; the clinic, unable to win the co-operation of the father, tries to immunise the girl against him, and explain to her how she may arrange her life better, even without his help.

Mary, aged sixteen, was the fifth of seven children, and was brought to the clinic because she was so bad-tempered and unmanageable at home. The older children were boys, and there was great rejoicing in the family when a girl was born.

She was very spoilt until she was old enough to help with the housework, then she got angry that the boys did nothing when they came home. Her father scolded her all the time, and hit her over the head; her mother was more friendly but said: "She is more trouble than ten boys." Mary's first remembrance was of her aunt saying: "The father likes the boys better than the girls." She used to tell her father: "I will jump in the water," and he replied: "Well, I shan't pull you out." The brothers teased her and she quarrelled with them, calling them and her father the worst names; her father beat her every day and might have killed her. Some dreams were: "I got a lot of money but lost it again," and often she has dreamt that she was on a high mountain and fell down from it. Her favourite story was of a lost boy who was taken by robbers into a cave when he was three years old, and ran away from them when he was nine; he met a shepherd and showed him a picture which the shepherd recognised as that of a count; the boy was the count's lost son and the shepherd took him back.

The father could not be got to change; he said to Dr. Seif: "If she will stop being violent, I will stop; she must first be good, then I will be friendly." She was industrious, and much liked in the factory, and the clinic arranged for her to live in the apprentice's hostel, where she got on excellently, and when she went home to see them all went well. After a year and a half the family got a larger house (previously they had had only two rooms), so Mary wanted to go home, and thought everything would go well. But at home her father would not let her go out in the evenings or Sundays with friends; he followed her and brought her back home. Then they quarrelled, he beat her, and she called him names. She is now eighteen and wants to leave home. Dr. Seif explains to her that if she doesn't succeed in taking her father as he is, she will have difficulties everywhere, she is too un-self-reliant, too sensitive, still wanting to be the small spoilt child—the count's son of the fairy tale. He tells her that she cannot compel her father to be friendly if she is unfriendly against him; she cannot alter others, she can only alter herself. Mary understands, and is going on trying.

After the interview with the child, there is usually another with the parents. Then the psychiatrist explains the case, and there is discussion; if advisable, one of the members may offer to keep in touch with the child, or give special coaching, gymnastics, etc. Perhaps it is one of the best testimonials to the sound educational work of the clinic that those of the audience who are as yet unprepared to help the child and family seem to realise it themselves; the fact is that during the whole winter no such

person offered. Sometimes help is refused on the grounds that it would do more harm than good until the first step has been taken by the child, e.g. an offer to befriend a young man of seventeen was not accepted as it was thought better to let him take the initiative.

All members of the group, in the clinic as elsewhere, were liable to remain blind to very essential principles when such blind spots were necessary to preserve their own self-esteem. An amusing instance of this occurred in the clinic. It was clear to the group that no nervous child—no clinic child—ever came from a non-nervous environment. "The fault of the child reflects the fault of the educator." Yet a member of the group who had been coming frequently, remarked one evening in the café after the clinic: "Now one thing would interest me very much: all these children whose cases I have heard come from homes where one or both parents are nervous, where their treatment is partly responsible for the child's difficulties. I would very much like to see how a child would be dealt with who came from a normal home; for instance, my boy of six suffers from enuresis and there is no reason for it as far as the home is concerned: I would like to see how this would be tackled!"

We often think because we avoid the more glaring forms of personal authority that we are giving the child freedom. The intelligent mother of two of our nursery school children was telling me one day in her house that she would very much like the boys to go on to Mr. Neil's school instead of the Council School, as she wished them to be quite free; "They have never been used to authority." Yet from the time I entered the house the boys had had a succession of commands: "Shake hands"—"Take your elbows off the table"—"Give that toy to your brother, you have had it long enough."

Recently a clergyman in talking about a church member said, "Well, there was always trouble with him here; you see, he thought he was rr! But he found his mistake when I came; he found I was rr!" "How then shall the child be good?" To win the child from his unsocial ways of being rr, from the temper tantrums of a baby to delinquency or worse, depends on our capacity to free ourselves from trying to be rr, from which all the faults of education come. One of the chief means to this end will be an increase of open child guidance clinics, and the formation of groups working together towards the breaking down of personal authority and egocentricity, and towards the guidance of the child into freedom, self-reliance and responsibility.

THE EDUCATION OF THE INFANT

Frau AGNES ZILAHÍ of VIENNA

A Paper translated from the *Internationale Zeitschrift für Individualpsychologie*, Vol. VII, No. 4, by Dr. Laura Hutton.

WE are frequently asked by parents and teachers when exactly ought education along individual psychological lines to begin, in order to prevent the development of difficulties in education and character failings. Our answer to this question is as follows: since we believe that a characteristic life-style has been firmly established by the end of the fifth year, education along individual psychological lines should be begun as early as possible, that is to say in *infancy*. According to the teaching of Alfred Adler, an individual's ideal, his goal, is formed in the first few months of life,* for during this period sensations will already play a part in arousing reactions in the child of pleasure or discontent. In the very first months there dawn the first traces of a conception of the external world and an attitude towards this, although of the most elementary kind. It is important to provide the infant even at this stage with conditions such as will make it more difficult for him to take up a mistaken conception of life. "In saying this, we are implying that the foundations of the life of the psyche, in so far as they are accessible to us, are laid in the period of infancy."† Since there exists a possibility of exerting a favourable influence, our problem comes in practice to this: How can we apply the educational principle of encouragement, implicit in Individual Psychology,

* Alfred Adler: *Menschenkenntnis*, 3rd edition (S. Hirzel, Leipzig).

† Adler, *loc. cit.*

during the period of infancy? How is an infant to be encouraged? A practical introduction to this problem in general terms is to be found in the chapter of Adler's *Menschenkenntnis*, in which he discusses the significance of community feeling in the development of character. Life should not be made bitter for the child, he should be protected from a too crude experience of the darker side of life, but should learn as much as possible of its brighter side.

The correct physical nurture of the infant being assumed, the most common source of future trouble in the training of the infant is beyond all doubt the ease with which *spoiling* can occur during babyhood. With the exception of the sad cases of unwanted, hated, and outstandingly unprepossessing children, the tendency to spoil is present in the case of every infant. This danger of establishing the life-style of the spoilt child is to be avoided at all costs. The baby will gain an impression of an absolutely dependable person from its mother, if the latter conscientiously, but objectively, provides all necessary care for him. Any fussing of the baby over and beyond this objective care, including the playing and talking with him usually found so delightful, not only interferes with his quiet sleep and development, which are already assailed to an unsuspected degree by impressions of the external world, but lays the foundation in the baby's slowly developing mind of an increasingly exacting need and constant demand for the regular repetition of this fussing, and it is but a few steps from this point to the establishment of the life-style of the spoilt child. This of course, does not mean that the baby is to be denied all tenderness. On the contrary let him have all the tenderness that is involved in the practice of maternal (parental) function; *the baby must get the impression that the world is well-disposed towards him*; otherwise he would in the very first months of life learn to know the darker side of life.

But with all this tenderness, spoiling or pampering must be avoided, and by this is meant in babyhood all fussing over the child which is not a necessary part of the sensible care for his vital functions, but which is superfluous, and indeed frequently harmful. The baby requires to be immaculately cared for and to be fed. Beyond this he needs only rest; but rest he needs just as much as care and food. The sole task of the infant is to learn to perform his vital functions regularly; *and by this means he learns independence*. But this is only possible if the mother forgoes that close attachment, so difficult to resolve, formed by spoiling.

I put the question to Alfred Adler, shortly before my confinement, as to which of the educational principles of Individual Psychology were applicable in actual infancy, and received from its founder the following reply: "Make your baby as far as possible independent!" And here surely, from the point of view of Individual Psychological pedagogy, is quite the most essential practical advice that can be given to a mother in regard to training in the first few months of life, when the child, as a helpless infant, is entirely dependent on her, entirely in her hands. The mother's task in her baby's infancy is indeed of immense responsibility and importance, for at this period, under favourable conditions which will never recur, the right foundations for the whole of future education may be laid, and this correct founding rests at this time in the fullest sense of the words in the hands of the mother. By her correct appreciation of the association of events, by devoting herself just to the right extent, exercising self-discipline, and applying consistently the educational principles of Individual Psychology, the mother may succeed, even at this stage of utter dependence, in putting the baby on the way to self-confidence, independence and courageous optimism. By this means the very first causes of future difficulties and the development of a neurotic character

are avoided, or at least moderated, and the child receives from his mother the best possible help for his future struggles in life.

In the following pages I should like to give a short account of my practical experience with my own child from the first day of her life, in trying to apply the principles of Individual Psychology, and especially those emphasised by Alfred Adler, in so far as they are applicable in the nurture of infants. May I state in advance that this attempt justified them in every respect?

During the first twelve months of life the requirements of correct training run parallel with those of correct nurture. The mother's most important task during this period is thus this correct nurture, in which as far as possible all unpleasant bodily sensations should be avoided, in order thereby to establish the child's courage for future appropriate adjustment in face of life's difficulties. Knowledge of the methods of correct child nurture may be presumed in the readers of this journal, so that all that remains for us to do is to go more thoroughly into the problems involved. On the whole the following are the chief factors producing a pleasant feeling of general well-being in the infant: mother's milk in controlled amounts, regular meal-times, constant attention, as much rest as possible, and sufficient but not immoderate warmth. These represent the most favourable conditions for developing educability and independence, as well for the establishing of an optimistic outlook. My experience has taught me that such a correct nurture demands the *complete devotion of the mother*. Many of my colleagues in motherhood considered it mistaken and exaggerated that I gave myself up entirely to the care of my child during her first year. Their criticism that the mother ought not to sacrifice herself appears superficially to be in accordance with Individual Psychological thought. But in

my experience I proved that constant supervision was right. A baby is utterly helpless. Only a nurse who is constantly with him knows his needs and their modes of expression exactly enough, to be able to guess at once what is wanted. For example, Klärchen once, when ten weeks old, turned over in her sleep from her side to her back. Terrified, she fought for breath, a little milk trickled from her nose, and she nearly choked. If she had not been under constant supervision, she could not have been helped; but since I was always sitting near, I was able to pick her up at once, and sit her upright, whereupon her unpleasant sensations immediately disappeared. A baby left asleep without supervision may under such circumstances suffer great fear, quite apart from the risk of suffocation; and the mother has failed to give him the comforting assurance that in trouble she is always there. Similar little incidents occurred as a result of slight colds. But since on every occasion immediate help was at hand, the child gave evidence, even during the first weeks, in every movement and expression, of assurance, confidence and comfort—almost elegance!

Many parents consider also the *insistence on constant rest and quiet* in infancy a mistake, and again refer to Individual Psychological ideas which, however, they have misinterpreted. Their usual argument is that the baby should not be shielded from noise, that it is better that he should accustom himself early to the noise of the world. This is wrong. For the baby does not get used to noise, but because of it he sleeps less, and soon gives every evidence of unrest. We cannot demand from a baby that degree of adaptation which we ask for from older children. The baby's power of adaptation develops at first but slowly, step by step. Forcible stimulation of his senses should be avoided. Only absolute quiet fulfils during babyhood the principles of Individual Psychology; thereby the first foundations of courage and independence are laid.

They are not laid by trying to get the baby to "adapt." As with stronger kinds of stimulation, so also toys and playing with the baby are injurious. Since there are many mothers who would agree with this principle, but would like to make an exception for the so-called "hygienic rattle," let me emphatically state that for the baby even the "hygienic rattle" is only a harmful source of noise and stimulation. Klärchen was spared such rattles. The constant shaking of the rattle by the baby is not a voluntary act, carried out for pleasure, but occurs because in any case his arms are in constant movement. "Playing" with his rattle corresponds thus to the heartless teasing of an animal, by tying a rattle to its tail.

Such rattles are often made to resemble foods which the baby knows and likes, such as oranges, bananas, etc. It is a great mistake to give such toys to a child. The baby is at the crawling stage already a far too exact and diligent observer, not to know that a real orange is not so hard or so cold, does not taste or smell or make noises like the toy. It is our duty to help the baby in his gaining of knowledge at least so far as not to upset and muddle the categories he has already mastered. The little thing has just learnt that an orange is an object which has a nice taste and smell, also a nice colour, and is made for cutting up and eating. By means of the rattle in the form of an orange the child is suddenly forced to the mistaken conclusion that an orange is after all occasionally hard, has an unpleasant smell, is inedible and is a source of noise. It is surely not exaggerated to say that in such a way the child's *orientation in the external world* may be seriously disturbed.

In the case of older children similar mistakes on the part of the mother will be corrected by other members of the family, by playmates or school, but in babyhood this task lies practically exclusively in the mother's hands, therefore she simply must avoid such mistakes

in education. These considerations prevented me from giving Klärchen toys during babyhood, or allowing others to give them. Moreover no one was allowed to play with her, to tickle her, to try and make her laugh, to "fuss" with her or talk to her. Of course the mother must be prepared in this case to come into unavoidable conflict with her best friends, but she must not trouble too much about this. She cannot please everyone. Education is perhaps at no time a more responsible undertaking than during infancy. The *excellent results* of these measures will be obvious to all by the end of the first year. The baby becomes quiet, courageous, gay, never defiant, his interests are inexhaustible, his whole bearing and behaviour friendly to everyone, visitors, grown-ups and children. It is sad to see every day in our public parks how few mothers and their friends carry out these simple measures. The baby, like the child, is nearly always regarded and treated as a possession, an object, a toy which exists for the pleasure of adults. That he is a person, whose awakening should be guarded with limitless patience is nearly always forgotten.

For the general well-being of the baby it is not enough to exclude unpleasant feelings. It requires also that *his movements should be completely free*, that is to say it should be possible for him to make efforts in preparation for life without any restriction. A baby whose freedom of movement is not restricted by stupid and unhealthy wrappings and clothing makes friends much more quickly and much more thoroughly with the phenomena of his environment than one whose freedom is unnecessarily limited, and whose efforts to overcome resistances in his environment are always coming up against obstacles. That courageous, forward-going trait in character development is hindered by any superfluous restriction of the baby's movements. The baby, the symbol of helplessness and dependence and weakness in this world, is in regard to

his activity in preparation for life a veritable hero. While awake, he works without ceasing, putting out all his powers; he learns to grasp, to walk, to use his hands. He develops his strength, he learns to struggle, and gains skill. He strives after all the accomplishments of a full-grown man, and in so doing builds up his own personality and future. It is the mother's "second function" during the child's first year to give unconditional attention to his tremendous urge to movement, this astonishing, feverish activity, to help him in every possible way, and never to hinder him. The child's clothing should be such that he is free to kick. Every day he should occasionally be placed on his stomach. From the fourth week, provided it is warm enough, he should be allowed to lie naked, for when naked he can much more easily carry out muscular movements. From the seventh month he should be allowed to crawl about as much as possible on the floor. *Crawling* represents of all the baby's opportunities for free movement that which most tends to develop a self-reliant, self-confident, optimistic character. In crawling, the baby decides for himself the direction in which he will move, develops his powers of orientation, takes possession of all kinds of objects by his own efforts, and gathers experiences by means of which his feeling of insecurity is gradually lessened.

Any mother fulfilling these requirements will be able in the very earliest months to observe "acts" on the part of her baby expressing his attitude to life and the world, which could not be observed, or only much more occasionally, by a mother who restricts the child's freedom of movement. In the latter case these modes of expression and "acts" are limited to the one typical act: crying and calling for help. The behaviour of such a baby bears a primitive resemblance to a typical pessimist.

Here let me give a few observations from Klärchen's babyhood. During her first four months the child used

to lie in a linen-basket, which during the summer was covered by a fly-net of muslin. Klärchen was at war with this fly-net: she strove with it angrily, tried her very best to get hold of it, but could not manage to. Once, during her ninth week, when she was lying naked in the basket, she succeeded within five minutes by a mighty effort of her legs and her whole body to get hold of it. This was a muscular effort, which, had she not been naked, but wrapped up, she could not possibly have accomplished. Under Klärchen's head there was always placed a folded napkin. This napkin she would constantly pluck at until she succeeded in getting a corner into her mouth. When she was ten weeks old I fastened the napkin on one occasion so securely on both sides that she could not get hold of it on either the left side or the right. For some time she made feverish efforts, but in vain. Then she reached above her head, where the napkin was not fastened, caught hold of it and actually got it into her mouth. This napkin, or her coverlet very often came over her head, so that her little face was quite covered. Never once did she cry about this, but began to grumble angrily, and work about until she got free. Thus, when scarcely ten weeks old, she got herself, by her own efforts, out of unpleasant or difficult situations. At the end of twenty weeks, or rather after a tireless training lasting for twenty weeks (she regularly tore the flannel lining of her basket away, systematically dragged down the fly-net, got out of her vest, and put all these things to her mouth), being now thirty weeks old, I wanted, although she could not crawl well, to stimulate her in this direction, and once when she was lying on her stomach on the floor (on a cloth), I placed an orange on the cloth. When she could not reach the orange, she uttered loud, strong cries. It frequently happened, as a matter of fact, that she would compensate for any lack in movement by loud cries. Suddenly, however, she was silent, and remained still and serious for a few

moments. Next she caught hold of the cloth and started to pull at it until the orange rolled into her hands. Whereupon she put it joyfully to her mouth. When she was thirty-two weeks old, my parents, as an experiment, placed an apple on the cloth. After brief reflection, Klärchen again pulled it towards her. Here again we see the expression of self-confidence and a courageous character; after suitable preliminary training, she came to be able to solve a problem, the tackling of which obviously went beyond the standard of her previous actions.

Her training went forward tirelessly, as should that of every healthy baby sensibly cared for, in the service of her vital functions: sitting, standing, etc., with endless patience, undeterred by hindrances and obstacles. She made use of the help of others if it was available, but to the limits of possibility she made use of her own efforts. When she was fourteen or fifteen weeks old, we noticed a peculiar grimace on her face, which always appeared when we picked her up: this grimace became more and more expressive; she was in fact exerting herself, co-operating with the person who was lifting her, she *wanted* to get up, and by degrees lifted her head, and soon her shoulders to this end. She was still a long way from being able to sit up, but she always performed this act of co-operation when lifted.

In all this training she had been industrious and gay. When thirty-eight weeks old she stood a good deal in her bed; I would put her down, whereupon she would immediately begin with great efforts to get up again. She was never resentful for being put down, and never cried on this account. Cheerfulness and self-confidence were also shown in the solution of one of the most difficult problems of infancy, weaning. In her twenty-fourth week Klärchen began to take various vegetables and other foods in addition to mother's milk, some of which she took at once, while others, for example white sauce, she rejected. In the course of the first

week of this change in food, she would laugh aloud when I offered her the white sauce; from the second week onwards, however, whenever I tried to give her some white sauce, she would try with tremendous efforts to *sit up*. A baby with a less optimistic attitude would have cried in such circumstances, the optimist on the contrary took another step forwards, made a new gesture and a fresh effort in the direction of her future. She tried to get out of an unpleasant situation by means of her own efforts. A gesture such as this should be of course understood, just as crying would be, and a baby should never be compelled to take food which is distasteful to him.

Klärchen crawled all over the place from the age of thirty-five weeks. As she crawled, she looked about all the time, seeking an object to which she would crawl. Having found it, would make for it with lightning speed. Only rarely did she change her direction on the way; but if she came up against an obstacle, she would avoid it and change her direction. With this superabundance of freedom in movement, she no longer occupied herself with obstacles. When she reached the goal, she began her proper work with the object at which she had arrived. But this also she abandoned without annoyance, if anything, which might otherwise have been managed quite easily, suddenly offered for any reason a difficulty: for instance, the pulling of a key out of a keyhole. Then she would look for another goal for her crawling. But if, however, conditions were normal, she would go on and on with her work, lost in the study of a single object, such as a stool, a lock, a drawer, a key, etc. In this study she showed an astonishing patience.

I regard, moreover, as a symbol of an optimistically-minded baby, Klärchen's first "*social game*." It was not chance that gave her her first great entertainment, and caused her first laugh. During her crawling period it frequently happened that I had to take away from

her certain objects that came into her hands. I would pull at the object and she would pull it back. I succeeded in pulling it out of her hands, and she began to laugh aloud. Thus giving became her first great amusement, and the words "Give it to me!" which I uttered on such occasions, came to mean for her, giving, not taking. As a matter of fact, this was her second utterance. (When nine months old her first word was "You!") Later, when the child was able to stand and run about with greater security, this game ceased; but even later there was never any continued crying or bad temper when I had taken anything from her.

By the end of her infancy Klärchen had mastered an immense number of experiences. She had collected adequate inductions from observation for deductions in the service of her life-goals, among which the most important at this time was to be able to walk straight. In the attainment of this accomplishment, she once secured my help by means of a clever ruse. When fifty-one weeks old she was already able to walk across the room without support. We never helped her in walking, although she constantly wished us to do so, since walking was still fairly difficult. She never got the slightest help from us, however, either in sitting, getting up, standing or walking. She was thus able to carry out these movements only when she was able to succeed in them by her own unaided efforts. Whenever she could, she seized the hand of a grown-up and got him or her to lead her. Thus on one occasion she put out her hand to me and asked me to lead her. I refused. Thereupon she suddenly put to her mouth a piece of paper which she happened to have in her hand. With a swift movement I instantly took the paper from her mouth, whereupon she, in the same instant, with quite astonishing skill, got hold of my hand and made me lead her across the room.

Just as he does later, so also, even during infancy,

the child applies all his store of observations and experiences, together with his capacity for combining these, either in the service of a *useful goal* (e.g. learning to walk, the attainment of skill in bodily activities, the collecting of experiences, etc.), or (as is the case with the baby whose mental life has not been set in the direction of the development of his powers and self-confidence), in the service of the useless aims of the pessimist and the neurotic. The development of a life-style in this latter direction may be clearly recognised in infants by the end of the first year. Character *faults* are developed simultaneously with the development of the personality. We all recognise that the defiant nature reveals itself at about the eighth month. At this age Klärchen was recognised by everyone to be a child who showed remarkably little defiance.

A little occurrence will show how easy it is to induce a bad habit in a child. The girl who frequently took charge of Klärchen when she was at the crawling stage, on several occasions during the latter's fifty-first week took the baby's fingers out of her mouth. The consequence was that whenever Klärchen saw this girl, she would put her fingers into her mouth. On one occasion I took the girl's place, without the change being observed, however. I was standing behind Klärchen. She thought the girl was behind her, turned round with a challenging look and raised her fingers towards her mouth. As soon as she saw me, she dropped her hand, and did not put her fingers into her mouth. After I had spoken to the girl on the matter, she made no comment when the child put her fingers into her mouth, but behaved as if she did not notice, and within quite a few days Klärchen gave up this habit completely.

Finger-sucking and putting everything into her mouth never became with Klärchen a regular habit, but kept within normal physiological limits. During her crawling period both of us—Klärchen and myself

—were inspired by the same aim—that the former should pick up and give to me every little object and piece of fluff which she happened to find on the floor. Since this giving provided her with greater pleasure than putting things into her mouth, the latter activity practically ceased towards the end of her first year. On the other hand I observed that whenever the child was tired or sleepy, or for any other reason bad-tempered, she would again and again put things into her mouth.

Putting to sleep offers another important field for the educational activity of the mother during infancy, a problem which should and can be satisfactorily solved for all time during this period. The mother should require that the baby should go to sleep quite independently, and should see that this is so. This means that she should under no circumstances interfere with her baby's inborn capacity to put himself to sleep. A baby's sleep, being one of his most important vital functions, represents not merely rest, as in the case of adults, but a significant part of his life and development. The baby likes to sleep, and possesses the admirable capacity to fall asleep quite by himself, without any outside aid. Where there are difficulties in connection with sleep, these will be found to depend partly on certain conditions of modern life (in the case of town-bred children), but chiefly on incorrect training. The mother must never encourage the baby to seek outside help to fall asleep. This means in practice that if necessary she must let the baby cry, she should never take his fingers out of his mouth, and under no circumstances should she give him a comforter to suck. (As to rocking and carrying about, such methods are no longer considered.)

In the case of Klärchen, there were at first no difficulties in regard to sleep. Her second night she slept right through; and later she very rarely cried in the night. Moreover she slept for the greater part of the day. Until she was able to stand she slept much more

than later. On the second day of her life she began to suck her fingers energetically, and in this natural and completely independent manner she put herself to sleep. A mother once stopped me in the Park and begged me to take Klärchen's fingers out of her mouth and to give her a comforter instead, since otherwise my baby would develop badly deformed fingers. This woman told me that her own child, now nearly three years old, still sucked his fingers, and that they were already quite deformed. In the course of conversation it came out that this mother had from the very beginning constantly given her baby a comforter. The argument for her well-meant advice thus ran as follows: how terribly deformed my Klärchen's fingers would become through learning to suck them from the very beginning, since those of her own child had been so spoilt, although he had only begun to suck them much later. The comforter represents one of the first great mistakes in education. The baby has it put into his mouth apart from his own efforts. If he drops it, he is not able by his own efforts to put it back into his mouth. *The baby's first big declaration of independence, being able to fall asleep unaided, is spoilt by the comforter.* Children who have never had a comforter are much easier to educate and guide during babyhood and even later, than those who have been accustomed to it.

As soon as the baby's powers of seeing and hearing begin to develop, these also play a part in falling asleep. In her twelfth week, Klärchen would already look round peacefully before falling asleep. In her fifteenth week she would frequently croon a little in a tiny voice before falling asleep, and just immediately before she went off she would suck her fingers, crowing aloud as she did so. Meanwhile she would take up her *sleep position*, on her right side, and would cover with her free left hand the right hand whose finger she was sucking. The whole behaviour and position of the

child offered the clearest indication that she "wished" to go to sleep and that she had fallen asleep by her own efforts. This sucking before sleeping lasted till she was forty-two weeks old. Then she stopped her finger-sucking. At this time she ceased also to be a "horizontal" being; on her feet and upright, she was now able to see much more of the world, and therewith a new chapter of her life began, in which she no longer wanted so much sleep. From now onwards she spent only thirteen hours of the twenty-four in sleep, whereas immediately before being able to stand she had been sleeping sixteen to eighteen hours a day. Moreover there was no longer either in the setting, or in the child's attitudes, an impression of sleep as being desired; the child was rather overcome and conquered by sleep. She would sleep in the attitude of kneeling, standing, listening or crawling; overcome, exhausted in observation, exertion and lively pleasure.

Although during the first eight months of her infancy Klärchen slept as a rule very well and a great deal, yet there were occasions by day and by night when she simply would not go to sleep; on such occasions she usually lacked something. When nothing else could be discovered, it would appear that she was demanding more air or a less warm coverlet; an increased freedom of movement, or removal of her clothes for a short time, would have an immediate effect. Only on very rare occasions was it of no avail. On such occasions I let her cry. During her first eight months she never cried continuously for more than seven minutes at most—towards the end of infancy never longer than sixteen minutes—then she fell asleep, slept well and woke refreshed and in a thoroughly good temper. Her whole mental and physical bearing in every respect justified this method. There is no doubt there is something beneficial to the baby in this whole-hearted yelling. Partly it is the development of so to speak athletic power, partly the circumstance that the child

finally reconciles himself to the situation, and urged by his own impulse, falls asleep. In Klärchen's case, after such an event, there would be a brighter sparkle in her eyes, and in her smile, and an increase in charm and friendliness; her whole appearance, her appetite were improved, her pleasure in life and work was intensified. Regarded from the point of view of Individual Psychology, the mental process on such occasions consists in the child's learning that the fulfilment of her task (here going to sleep) is not made easy for her; she is not taken up, carried about and amused; instead she suffers what one may call one of her first "defeats" on the "disadvantageous side" of life and succeeds in the accomplishment of a life-task (going to sleep) through her own unaided power. Her life-urge returns now to the "advantageous" side of life, to find there satisfaction, and the mental life of the baby becomes again that constantly active, complete and courageous unfolding of powers which it was before, and whose expression we see in all her charming, friendly and healthy traits—traits which always stood out even more strongly both in the appearance and the behaviour of the child after such occurrences. Whether this rehabilitation be completely unconscious, a victory during sleep, or whether it is more or less conscious and willed is of no importance, the effect is the same. With Klärchen it often happened that on such occasions she would to some extent voluntarily go to sleep. Several times I have been able to observe after she was able to stand, that after crying she would throw herself down on the bed and instantly fall fast asleep. One might regard this as a tragic gesture if it had not happened at a time when Klärchen was not yet fully acquainted with the possible consequences of such a fall. It is of course no easy task for the mother calmly to let her baby cry; although this is recommended in all modern and sensible works on baby nurture, very few mothers carry it out.

The best results of my attempt to carry out the educational principles of Individual Psychology in my own home were seen in my child's *development in community feeling and social characteristics*. Signs of mental contact with me, with her father, the maid and other persons were evident in the very first weeks. In her sixth week she smiled at me at the time of her afternoon feed, and by opening her little mouth showed that she was now going to drink. In her seventh week she smiled at me many times during the day and even laughed aloud. In her eleventh week she smiled at her father and laughed when he looked at her. In her twelfth week the child struck even strangers by her remarkably developed power of contact with her fellow-men for such an early age. At this age she would already laugh at strangers. In fact at this period her movements, her facial expression and her voice had become extraordinarily expressive; she "spoke" by means of them a fully comprehensible language. In her nineteenth week, she began to sing and laugh at the sight of her father. In her twentieth week she would look for his visit after her morning feed, and would only go to sleep after he had been. In her twenty-fifth week she hit my face and laughed as she did so. In her twenty-seventh week she had already grown very inquisitive; if anyone came into the room while she was feeding, she would turn right round, have a good look at the visitor, and only then continue to take her food.

It is in my opinion due to her great interest in the external world that her physical development took a rather unusual course. For example Klärchen learnt to *stand* when she was only thirty-seven weeks old, and only later, in her thirty-ninth week did she learn to *sit*. This somewhat unusual order of development might be due to the following circumstance: Klärchen's crib was not a wire cradle, but a cot with wooden rails. When she began to crawl, I padded the cot with flat side-cushions, so that she should not knock her-

self, which gave her good protection, but at the same time cut out all the view. This was indeed on the whole an advantage. But Klärchen's interest in the goings-on of the external world would not let her rest, and she went on trying until she actually got on to her feet, learned to stand and was able to survey her surroundings to her heart's content. The side-cushions were so high that she could not see over while sitting down. Accordingly, since sitting up was of less value to her, in her aim of getting contact with her environment, than standing, the former came before the latter, though as a rule babies learn to sit before they stand.

From thirty-three weeks Klärchen began to imitate our language. Her first word was uttered in her thirty-ninth week—"You!" It was not by chance that this delightful word (German: *Du*) was her first. Quite rightly, in her search among human sounds for the words which expressed love, she noticed this word. Klärchen was never taught to speak. She began to notice and to use those words which gave her pleasure. Once my sister, in her delight with the baby, cried: "Du! Du!" (—in English, say, "You sweet thing!") Klärchen answered "Du!" and for many months this was her most frequent word. Her actual learning to talk only began considerably later; in the meantime this one word was as it were her total vocabulary. If anything or anybody pleased her, she would say "Du!" It was her greeting and her good-bye. While taking her food, she would look lovingly at me and say "Du!" If she saw her grandparents, she would also say "Du!" During her forty-third week she once saw a horse eating grass in a field. She gazed for a long time at the creature, for as a town baby she had never seen such a thing. When she noticed and grasped that the horse was feeding, she said very quietly and with great affection, "Du!" In her forty-seventh week, she could see a lot from her bed, and she particularly liked to look at the sea through the window. Indeed this gave her an

absorbing interest and joy beyond all her former interests. In a voice completely altered by emotion and wonder, she called repeatedly to the sea, "Du! Du!" She responded to this mighty natural phenomenon of movement with the same expression of sympathy that she used at the appearance of a loved individual, or any other living creature. In her fiftieth week she handed her rusk, which she loved, to her father. This gesture surprised us, for just as we had cut out all games and toys, so also we had refrained from the very customary amusement of demanding in fun from the child any food or object of which she had grown fond. Thus in this gesture there was no mechanical imitation or chance, but in the true sense of the word a *giving*, whose meaning Klärchen has always observed and understood, and which she was now using to express her contact with her father, and in particular to assure herself of this contact.

The child is capable of more love than the adult. Community feeling is inborn in the infant. To be loved by a baby, it is enough to be his mother; one does not even need to be a good mother; the baby, in his abundance of love and dependence, will love the most hard-hearted and undeserving of parents. To pave the way to human friendliness—that is the mother's great task. But apart from this the baby needs no "amusing" to awaken community feeling; he should not, must not, be amused, made to laugh, be tickled, *played* with, or in any way unnecessarily fussed over beyond the requirements of reasonable care. Beyond all doubt it depends on his education, and particularly and to a very large extent on his education in infancy, what use he makes of all this love, and whether he is able to keep it and grow into a useful human being, a *fellow human*.

ABSTRACTS FROM CURRENT LITERATURE

I. INDIVIDUAL PSYCHOLOGY IN A VIENNA SCHOOL. (*Internationale Zeitschrift für Individualpsychologie*, Vol. X, No. 3.)

DR. BIRNBAUM, headmaster of one of the principal schools in Vienna, gives an account of an effort sanctioned by the Educational Council for the introduction of Individual Psychology into his school. The opportunity of understanding and applying its methods is given the teachers, without changing the organisation or course of studies.

The children are of an average type, and come from an impecunious class of people. There is therefore no money behind the enterprise. It is hoped that this will rather help the ideas to spread than otherwise, as no one will be able to say, "Yes, it is excellent, had we only your advantages."

The work started in September 1931, so the result is a matter for the future to decide, although hopeful signs are already emerging.

Great importance is laid on the interplay between education and lessons, the aim being a unified achievement, always directed towards increasing personal courage and at the same time increasing confidence in facing the responsibilities of communal life. Another objective is to unite parents, teachers and classes, whilst at the same time strongly encouraging individual independence and self-development.

The idea of the communal school had already been established in Vienna, and the ground was therefore favourable for the introduction of Adlerian principles. Inherent in these is the belief that teachers should not seek to influence the individual children, but rather to direct and give play to the potentialities hidden in the collective spirit of a class, so that it may function in the best way. As the children learn to form genuine contact with one another, the class will become a living experience; and games, acting and walks, as well as lessons, can become inexhaustible springs of solidarity. In the same way, self-government of the class can grow, not by conflict, as in a parliament or law court, but by encouraging independent individual expression combined with respect for the opinion of others, thus leading to a satisfying creative compromise.

But there are other functions of education. The child must learn self-control and to become conscious of its hidden life-plan.

To this end the school is, of course, in close co-operation with a medical Individual Psychology Committee. But the unveiling of the life-plan can be helped on by talks with the teacher on the one hand, and collective class discussions on the other. Here teachers and children meet as human beings, and it is made clear that the purpose is not that of blame and criticism but of mutual help. With the exception of intimate details, group discussion is an advantage, because it shows that individual failures are not a private matter, but concern all. And seen in this common light, the child can often learn to yield up his false valuations.

To get rid of unnecessary burdens and at the same time to accept necessary ones, can only be achieved by inducing the child to give up his inferiority feelings; to encourage him and give him the opportunity of overcoming difficulties. The formation of mutual aid groups are useful, and in respect of difficult school-work these may take the place of coaching. They are a common institution in Vienna schools in such subjects as physics.

Individual Psychology has no recipe for the special treatment of unsuccessful types—it is entirely against its principles—but it does work out general plans for overcoming particular forms of resistance. In this way it brings teachers together and collects material for future improvement. What is aimed at is genuine penetration into difficulties, and the most expeditious ways of helping them.

The school work is bound by the Austrian educational curriculum, but it can be tested and modified in the light of Individual Psychology. Under the school council the staffs are requested to distinguish between productive and non-productive material, as also between facts that must be memorised as distinct from those only for reference.

But Individual Psychology is concerned with the method of instruction, and as it is the first time that psychology has been made the basis of the technique of teaching, it is unexplored country. An important point of departure is what Adler calls "inner training." This is the continuous and progressive development of every capacity which is in line with the hidden life-plan of each human being. If this can be associated with the external training so as to give the inner urge of the child a certain direction, the point upon which all depends is gained.

Individual attention is here an important consideration, but there is another way of discovering general characteristics: through employing the method of "polarization." This is achieved by examining, on the one hand, the early signs of special talent, and on the other by considering the technique employed by the great creative geniuses in their works. In this

way we are able to draw a line between the two poles of achievement, the bud and the fruit. In teaching natural science, for example, it is clear that although the instruction must be adapted to the first efforts of the experimenting child, it still must aim in a fairly straight line towards the work of the physicist and the chemist in the laboratory. It is hoped in the future to apply the idea of polarization to other subjects, thus leading to a teaching-technique which will develop the inner training in the most natural way.

The question of talent cannot be probed to the bottom in this school, but the hope is to show more and more that talent is to a large extent a question of courage and confidence in approaching a subject, for it is well known now that what appears to be lack of talent is often only discouragement and an unhelpful environment.

It should be possible to start in the child's soul-life such interchange of encouragement and inner training that increase in either inspires to fresh achievement in the other.

Learning should be to the child a chain of successful achievement: the result of discarding useless burdens, but accepting necessary ones; and he should learn that a symptom thwarting his capacity is a reflection of his own inward attitude, so that if he wants to increase his ability, he must abandon what is false and hindering.

These purposes are also well served by gymnastics in the school, as a means of alternating individual expression and co-operation.

W. E. F.

II. SOME EFFICACIOUS FACTORS IN PSYCHOTHERAPY. (*Internationale Zeitschrift für Individualpsychologie*, Vol. X, No. 3.)

DR. DREIKURS, in a long article illustrated by cases, says that doctors should give an account of their individual experiences in treatment. This should be invaluable for young doctors, and of importance to all those who have been in practice, as such information brings new ideas and exposes errors.

The article expresses views on (1) the doctor's position in treatment; (2) the patient's attitude and reactions; (3) factors which are beneficial or the reverse in their association during treatment.

The doctor needs a strong personality, because lack of courage characterises all nervous patients, and they must be inspired with confidence. But if personality equals in importance method of treatment it is only as an aid to the encouragement of independence and self-reliance in the patient, whose recovery can only be lasting if it is achieved by his own strength.

In this light the doctor does best who gets least involved in the wish for a successful cure. He is freer, more likely to find the right way, and less likely to play into the patient's hand, who is apt to reward what pleases him with improvement, but not what displeases him.

Dr. Dreikurs warns against the tendency to generalise too much in Individual Psychology. To point out principles such as inferiority feeling, lack of social courage, power striving and so on, is right, but principles can be understood and applied in countless ways; it is easy for the patient to learn to utter phrases, and yet at the end of a treatment to have gained no understanding of his life-style and behaviour. The same thing applies to the reading of books, which although valuable for gaining knowledge and helping to some self-perception, will not enable the patient to recognise his own life-plan. He will probably use it for judging others; but alone we are unable to see through ourselves, we cannot distinguish between what is essential and unessential.

For the purpose of bringing understanding to the patient the doctor needs the utmost resource and elasticity. There are situations in the lives of almost every human being which account for his outward circumstances, and rightly interpreted they expose the peculiar individual life-plan which lead to their existence. This fact has enabled Dr. Dreikurs to make such a close investigation at times that he has found the key to a life-style in a situation hardly possible to imagine in any other being, yet illuminating the case in question like a flash of lightning.

It is essential to explain the necessary points of the patient's situation as dynamically as possible, for only what is actually experienced sinks in. Some people are in fact so shaken by the recognition of their aim in life that it suffices to help the treatment to a satisfactory conclusion; others reach a point of stagnation, or what Dr. Dreikurs calls the limit of logical persuasion.

Here he refers to the use of so-called "therapeutic tricks," devices such as surprising the patient with an unexpected view, perhaps even his own. Such a gesture may lead him to re-orientate his position and force a discussion which leads to a new start.

Irony is a much more dangerous weapon, but nothing can be more effective than an ironic remark in response to a continual denial of the logic of the explanations. The patient is forced to consider the view of the doctor, or more important still, something is made clear which cannot be contradicted. To break the serious aspect of things, by introducing an amusing element, can also be very useful.

What Wexburg calls anti-suggestion, i.e. advising the patient

to encourage his symptoms, is useful as it has the noticeable effect of weakening them. It also makes clear the uselessness of the patient's apparent efforts to get rid of them. Sleeplessness is a good example of this idea. Tricks, although of use for overcoming a momentary difficulty, can never effect a cure; used carelessly they may hurt the patient and he will probably abandon the treatment.

The question of the relationship with the doctor is closely associated with such periods of stagnation. No one wants to change his life-plan, and whereas Freud would attribute such behaviour to resistance against the discovery of unconscious sexual thoughts and experiences, Individual Psychology finds reason enough in the fact that all human beings resist demands it does not suit them to fulfil. Agreement with the doctor appears to them to involve accepting a burden in life they are unable to carry. This fear, and a natural obstinacy, accounts also for most of the characteristic moments of doubt and resistance to the doctor's treatment.

The question of love for the doctor is also not such a common occurrence as psycho-analysis would suppose, and to make a hypothetical sex-urge the central point of any treatment is surely unnecessary. All nervous people, however, have special difficulties with love, because love is incompatible with self-protection, and happiness in it depends on the ability to give up.

But it is possible, without transference, to achieve a mutual basis of co-operation in treatment which is of great importance for its success. Doctors, too, make mistakes; but it is possible to remedy them, and frank acknowledgement is often an excellent foundation for a genuine human contact with the patient. The objective in Individual Psychology is not to achieve a result through the mystic power of the doctor, but to persuade the patient that he alone can cure himself, provided he trusts his own strength.

In collective therapy the particular character of a patient's life-style can also be well disclosed. Here in group discussion patients learn more easily to know themselves, as they express their observations to each other. Once the resistance to this idea is overcome, much is won to help towards a rapid and thorough self-knowledge, and above all the last remnant of the idea of personal conflict with the doctor disappears.

Psycho-therapy is a matter of re-education. All people, even healthy ones, have much to re-learn in order to redeem the mistakes of childhood's unsolved difficulties. In the case of the sick, the first step is to encourage, for nervous power-striving can only be laid aside when the inferiority-feeling beneath it is overcome. The second step is to discover and explain the life-plan

followed hitherto, for these are the decisive factors upon which Individual Psychology rests.

Amongst many interesting examples quoted by Dr. Dreikurs, the following illustrate his theme especially well.

1. *An example of how a situation in early life can remain the leading motive in all subsequent experience.*

A man suffering from compulsion neurosis related the following event which happened in his eleventh year:

He was in a convent school far from home. One day the Prior sent for him and shewed him an insulting letter addressed to himself, which was signed by the patient. No denial of the authorship being accepted, the boy was beaten and dismissed.

The boy was innocent but although at first sight it seems entirely so, for his comrades had played this trick against him, yet we learn that between 6 and 7, in an entirely different environment, his mother was always scolding him unjustly because his schoolfellows accused him of doing things he was not guilty of. The clue to these similar situations must then be sought for in his personal behaviour.

He had felt neglected as a small child, and not without reason, for he was sent away from home, whilst his sisters were allowed to remain there. Living with his aunt, when 4 years old, he felt bitterly aggrieved, because she always gave her own son the first place. He felt he had no rights, and employed every means a rebellious child can think of to make himself unpleasant. His mother said he was a wicked boy and would get into prison one day.

These words were not calculated to encourage a child, and decided him on a certain course of action. He made good behaviour his aim in life, and tried to fulfil everyone's wishes, but every time he obeyed an order it was with suppressed fury. He hated everyone and his behaviour was only a protest against the general opinion about him.

This hatred could not be hidden entirely, for his expression betrayed it to his school-fellows. In class he was considered obstinate but he neither belonged to the "good" nor the "bad" children. He never joined with the mischief-makers, however, and they consequently hated him for his good behaviour, and wrote the letter to the Prior in revenge.

These events are characteristic of the life-style of the patient. As an adult he still hides behind good behaviour and reliability, but is obstinately in revolt against everyone. He hates all communal duties, although outwardly a subordinate official under the Municipal Authorities for preserving order. Inwardly he suffers from the compulsion neurosis of obscene imaginations.

He is in opposition to the whole world, yet his chief ambition is to appear good and reliable. But this ambition arose out of the events described, and it was his method of compensation.

2. *An example of surprising the patient out of a neurotic attitude by the physician adopting it as quite sensible.*

A girl, 19 years old, suffering from anxiety neurosis, gets the idea whilst under treatment that she has cancer of the stomach. No suggestion to the contrary having any effect, she stays in bed, and worries her parents to such a degree that their entire time is spent in trying to calm her. She repudiates the doctor's explanation that she has adopted this behaviour rather than meet the love difficulties which have arisen for the first time in her life, and has instead achieved a situation by which, as in childhood, she can demand the constant sympathy and attention of her parents.

Unable to bring her to reason, the doctor finally adopts her own point of view. He agrees that it is possible she really has cancer. This has the effect of immediately changing the situation. The girl, surprised and angry, says that no doctor had ever found such a symptom, and anyway she is too young to have it. But the doctor persisted in the opinion in spite of tears and resistance, until at last the thought of cancer was entirely abandoned, and the road became clear for further treatment.

W. E. F.

III. "UNDERSTANDING" PSYCHOLOGY AND INDIVIDUAL PSYCHOLOGY. (*Internationale Zeitschrift für Individualpsychologie*, Vol. X, No. 4.)

HANS SEELBACH, after commenting upon the increasing tendency amongst psychologists to ignore the "causal" explanations, formerly so general, compares the psychological thought of Dilthey, Jaspers, and Spranger with Alfred Adler's *Individual Psychology*. In the first part Dilthey's "Psychology of Understanding" is interestingly related to Individual Psychology, for although coming from different lines of thought, the two views have important points in common.

The Berlin philosopher, like Adler, regards the human being as a totality, and sees with him that soul-life can only be interpreted teleologically.

Dilthey as scientist studies the phenomena and experiences of psychic life in abstraction. He seeks first for the factors which human beings hold in common—their uniformities; and upon this basis he examines the singularities of character which constitute individual difference, or human personality. In this way he finds coherence in soul-life, and an understanding of its aims.

But although he examines the individual and the nature of his

communal relationships, the method of abstraction is a static one, and herein lies the essential difference between Dilthey and Adler.

Adler's method is dynamic; as doctor he is out to help. He sees soul-life as continuous movement towards a goal and, unconcerned with general and typical qualities, he considers the individual as a unity whose character is disclosed solely through his communal relationships. In concluding this valuable and detailed comparison, Seelbach gives an idea of the solutions to which Adler and Dilthey arrive from their different points of investigation.

For Dilthey human tendency is towards fulness of life and the satisfaction of desires; in other words, happiness. But his solution does not lie in happiness; his vision of the norm rests in the degree of individual capacity for feeling and experiencing the whole realm of life's possibilities, and as psychic coherence is inseparable from the individual's power of independent valuation, his idea of reality is an ideal of individual perfection, since the facts of life cannot be detached from a feeling of what should be.

But his psychology has no universal implications; his objective is always the individual whom he separates out of all his historical-social reality, and although he does consider communal necessity, it is more in the light of an outward organisation to which every individual responds according to his place and temperament. Each one has his degree of social urge but the fundamental psychic and psycho-physical reactions are suspended between two forms of will; the desire to rule, and the desire to depend.

Adler's valuation and norm rests entirely upon the individual as communal being. A valuable individual is one who contributes: morals and ethics are nothing more than the "rules of the game" which have grown out of human interdependence.

But the norm in Individual Psychology is not a fixed entity. There is only a norm in relation to a supreme ideal—the community. Now the community is not an ideal in any static sense; no one knows it, or has ever experienced it. The will to social courage, accepting the responsibility of co-operation, enables the individual to get nearer the ideal, and in so far a norm is approached. And the further away human beings are from the community, the more abnormal they become.

The difference between these two interpretations of a norm is clear. Dilthey's is the idea of perfection; it remains a form, whereas the idea of Individual Psychology is an inward certainty which transcends the metaphysical by its universal and ethical implications. It is a creative conception of the norm as opposed to a static or formal one.

W. E. F.

REVIEWS AND BOOK NOTICES

"The Robinsons: Character Studies of a Family in a Nutshell."
Thomas E. Lawson, L.R.C.P., L.R.C.S. (Ed). Pp. 44. Price 1s. net.
London: The C. W. Daniel Co., 1932.

Is Saul also amongst the prophets? Dr. Lawson is to be congratulated on having induced Sir Arbuthnot Lane, by writing a brief preface to this unpretending booklet, to give implicit recognition to psychology as a proper study for doctors! The prescription of psychology may even, in time, come to supplant that of paraffin! But seriously, there is much to commend in Dr. Lawson's pleasant and simply written study of the "I.P. Family Robinson." Following a brief introduction, each member of the constellation—Mr., Mrs., Willie, Mabel, and John—in turn gives his or her "testimony" as to his or her "life-plan" and in turn, after each testimony, the author, like a Greek chorus or a modern *compère*, elucidates the situation "in a few well-chosen words." The upshot of the whole matter is that the uninstructed reader gets a very good idea of the way in which the child and the situation play point and counter-point, and a life-plan is composed. Some of the essential theses of Individual Psychology are thus presented: ingenuously and unobtrusively perhaps, but nevertheless in a fashion that may well win many sympathies that would otherwise be alienated. It is of great importance that all should recognise the need for a right statement, to the child, of the problems of life, but at the same time we must be careful not to weaken the sense of personal responsibility by too great an insistence upon the difficulties that circumstances and parents put in his way and too slight an emphasis on what is *his* business and privilege—the duty of overcoming and finding a "way out" that is consistent with the claims of society.

F. B.

"*Man and Woman in Marriage.*" C. B. S. Evans, M.D. (*The International Library of Psychology and Sexology*, edited by Norman Haire, Ch.M., M.B.) Pp 80. London: John Lane, 1932.

This volume is one of a new series for which Dr. Norman Haire is editorially responsible. It is prefaced by the Editor, and introduced by Rudolph Weiser Holmes. The editor, in his candid remarks says, frankly enough, that the book was written for Americans, in an American idiom and with a certain ingenuousness, whilst "one sees almost on every page a mixing up of science with sentiment and religion," and it is not intended for "the already sexually enlightened person, well versed in his Freud, his Havelock Ellis and his Hirschfeld." Really the book is a guide to sexual technique—that is to say, to the technique of coitus—and it is only right to say that, as such, the advice given is sound. But as Individual Psychologists we do wish that the author had realised the importance of the "viewpoint" of Adler and his associates. The best book on this subject has yet to be written. When it is written it will be found that the author is one who combines the psychology of Adler with the *curiosa felicitas* in matters of technique, of a Norman Haire, or a Van de Velde!

Y.Z.



THE MEDICAL SOCIETY OF INDIVIDUAL PSYCHOLOGY LONDON

THIS Society meets at the Rooms of the Medical Society of London, 11 Chandos Street, W.1, usually on the second Thursday in each month, from October to July, at 8.30 p.m.

Present activities embrace: (i) Meetings for the reading and discussion of Papers; (ii) Lectures on the Theory and Practice of Individual Psychology; (iii) arrangements for Group Study and; (iv) the issue, by the C. W. Daniel Company, of INDIVIDUAL PSYCHOLOGY PUBLICATIONS (Medical Pamphlets). Copies of the regular quarterly issues of these are distributed *gratis* to all Members and Associates.

Those who desire to become Members or Associates are invited to communicate with the Hon. Secretary. The present list comprises ninety-six names.

OFFICERS AND COMMITTEE (1932-3)

CHAIRMAN: Prof. W. Langdon Brown, M.D., F.R.C.P.

VICE-CHAIRMAN: O. H. Woodcock, M.D.

HON. TREASURER: H. C. Squires, C.M.G., M.D., M.R.C.P.

F. Marjory Edwards, M.A., M.B., B.S.

M. Marcus, M.B., B.S.

Hilda Weber, M.D., B.Sc., D.P.M. (Assistant Editor).

J. C. Young, M.C., M.D., M.S.

HON. SECRETARY AND EDITOR: F. G. Crookshank, M.D., F.R.C.P.,
57a Wimpole Street, W.1.

ASSOCIATED GROUPS: NOTES AND ANNOUNCEMENTS

AUSTRIA

DR. ALFRED ADLER, Wien I, Dominikanerbastei 10/15.

GERMANY

BERLIN: Dr. Wilhelm Brant, Berlin-Neukölln, Weserstrasse 72.

MUNICH: Dr. Seif, Widenmayerstrasse 25/3.

Dr. Credner, Franz-Josef-Strasse 29.

UNITED STATES OF AMERICA

NEW YORK CITY: Dr. W. Béran Wolfe, 24 East Eightieth Street.

CHICAGO, Ill.: Dr. D. G. Campbell, 2106 Sedgewick Street.

MILWAUKEE, Wis.: Dr. Samuel Plahner, 161 West Wisconsin Avenue.
Dr. Elisabeth Seiler, 1491 North Farwell Avenue.

PERIODICALS

INTERNATIONALE ZEITSCHRIFT für INDIVIDUALPSYCHOLOGIE

Editor: Dr. Zilahi, Wien VI, Joannellgasse 6.

Publishers: Verlag S. Hirzel, Leipzig, C.1, Königstrasse 2.

INDIVIDUAL PSYCHOLOGY PUBLICATIONS

MEDICAL PAMPHLETS

Editor: Dr. Crookshank, 57a Wimpole Street, London, W.1.

Publishers: C. W. Daniel Co., 46 Bernard Street, London, W.C.1.

A LIST OF BOOKS IN ENGLISH

(I)—ALFRED ADLER, M.D.

- 1917 *Study of Organ Inferiority and its Psychical Compensations.*
(Nervous and Mental Disease Monograph Series, No. 24)
New York.
- 1921 *The Neurotic Constitution.*
18/-. Kegan Paul, Trench, Trubner & Co. London.
- 1927 *Individual Psychology.* (2nd. ed.)
18/-. Kegan Paul, Trench, Trubner & Co. London.
- 1928 *Understanding Human Nature.* Translated by W. Béran Wolfe.
12/6. Geo. Allen & Unwin, Ltd. London.
- 1929 *The Case of Miss R.* Translated by E. and F. Jensen.
12/6. Geo. Allen & Unwin, Ltd. London.
- 1929 *Problems of Neurosis.* Edited by Philippe Mairét. Introduction
by F. G. Crookshank.
8/6. Kegan Paul, Trench, Trubner & Co. London.
- 1930 *The Science of Living.* Introduction by Philippe Mairét.
8/6. Geo. Allen & Unwin, Ltd. London.
- 1930 *The Education of Children.* Translated by E. and F. Jensen.
12/6. Geo. Allen & Unwin, Ltd. London.
- 1930 *Guiding the Child.* (Dr. Adler and associates.) Translated
by B. Ginzburg.
10/6. Geo. Allen & Unwin, Ltd. London.
- 1931 *The Pattern of Life.* Edited, with an Introduction by W.
Béran Wolfe.
8/6. Kegan Paul, Trench, Trubner & Co. London.
- 1932 *What Life should Mean to You.* Edited by Alan Porter.
10/6 Geo. Allen & Unwin, Ltd. London.

(II)—F. G. CROOKSHANK, M.D., F.R.C.P.

- 1926 *Migraine: and other Common Neuroses.*
2/6. Kegan Paul, Trench, Trubner & Co. London.
- 1927 *Diagnosis; and Spiritual Healing.*
2/6. Kegan Paul, Trench, Trubner & Co. London.
- 1930 *Individual Diagnosis.*
2/6. Kegan Paul, Trench, Trubner & Co. London.
- 1932 *Individual Sexual Problems.*
2/6. Kegan Paul, Trench, Trubner & Co. London.
- 1932 *Individual Psychology, Medicine, and the Bases of Science.*
2/6. C. W. Daniel Co. London.

(III)—OLGA KNOFF, M.D.

- 1932 *The Art of Being a Woman.* Edited by Alan Porter.
15/-. Rider. London.

(IV)—DR. THOMAS LAWSON

- 1932 *The Robinsons: Character Studies of a Family in a Nutshell.*
1/-. C. W. Daniel Co. London.

(V)—PHILIPPE MAIRET

- 1928 *A B C of Adler's Psychology.*
3/6. Kegan Paul, Trench, Trubner & Co. London.

(VI)—ERWIN WEXBERG, M.D.

- 1927 *Your Nervous Child.* Translated by W. Béran Wolfe.
8/-. A. C. Boni. New York.
- 1929 *Individual Psychological Treatment.* Translated by A. Eiloart,
PH.D.
6/-. C. W. Daniel Co. London.
- 1930 *Individual Psychology.* Translated by W. Béran Wolfe.
15/6. Geo. Allen & Unwin, Ltd. London.
- 1931 *Individual Psychology and Sex.* Translated by W. Béran Wolfe.
Introduction by F. G. Crookshank.
7/6. Jonathan Cape, Ltd. London.

(VII)—W. BÉRAN WOLFE, M.D.

- 1932 *How to be Happy though Human.*
10/6 Routledge & Co. London.

INDIVIDUAL PSYCHOLOGY PUBLICATIONS

MEDICAL PAMPHLETS

Edited for the

MEDICAL SOCIETY OF INDIVIDUAL PSYCHOLOGY
LONDON

Published regularly at intervals of three months in co-operation with Individual Psychologists in Austria, Germany and America, whose objective is the better acquaintance of the physician and practitioner with the teachings of Dr. Alfred Adler, of Vienna, his friends and pupils, and their applicability in the field of general medicine.

Particulars of Nine Pamphlets are given on this and the following page. Further announcements later. Each Pamphlet is published at 2/6 net (No. 1, 2/-).

NOTE. Numbers 1, 2, 3 & 4 are bound together in one volume at 12/6 net. A second volume comprising numbers 5, 6, 7 & 8 will be ready in April 1933.

No. 1

The Case of Mrs. A.

DR. ALFRED ADLER

No. 2

Anorexia Nervosa

DRS. W. LANGDON BROWN, F. G. CROOKSHANK, J. C. YOUNG,
GEORGE GORDON, & C. M. BEVAN-BROWN

No. 3

Individual Psychology and Sexual Difficulties (I)

DRS. ADLER, DREIKURS, WEXBERG, HERVAT, J. C. YOUNG,
F. G. CROOKSHANK, MARY C. LUFF, and others

P.T.O.

INDIVIDUAL PSYCHOLOGY PUBLICATIONS

MEDICAL PAMPHLETS

2/6 net each (No. 1, 2/-)

No. 3a

**Individual Psychology, Medicine, and the
Bases of Science**

F. G. CROOKSHANK, M.D., F.R.C.P.

No. 4

**Individual Psychology and Psychosomatic
Disorders (I)**

DRS. W. LANGDON BROWN, O. H. WOODCOCK, J. C. YOUNG,
S. VERE PEARSON, M. B. RAY, M. ROBB, & F. G. CROOKSHANK

No. 5

Individual Psychology and Social Problems (I)

DRS. ALFRED ADLER, W. BÉRAN WOLFE, C. L. C. BURNS, &
J. C. YOUNG

No. 6

Individual Psychology and Practice (I)

DRS. ERWIN WEXBERG, OLGA KNOPF, & H. C. SQUIRES

No. 7

Individual Psychology and the Child (I)

DR. LEONHARD SEIF, MISS DORIS RAYNER &
FRAU AGNES ZILAH

No. 8

Individual Psychology and the Child (II)

DRS. W. BÉRAN WOLFE, LAURA HUTTON, HILDA WEBER
& HÉLÈNE BADER

April, 1933

LONDON: THE C. W. DANIEL COMPANY

Forty-six Bernard Street, w.c.1

PRINTED BY THE STANHOPE PRESS LTD., ROCHESTER, KENT

Outstanding Works on PSYCHOLOGY

The Children All Day Long ^{By} E. M. COBHAM
Paper, 1/-; Cloth, 2/-

Shows that the healthy development of the growing mind depends mainly upon a wise arrangement and control of the little unimportant acts such as every child does every day, and keeps on doing all day long.

Three Minute Talks About Children
By Dr. ESTELLE COLE
2/6 net

Gives certain fundamental psychological facts in popular form for all women and parents. Includes such vitally interesting topics as The Difficult Child, The Baby of the Family, the Advantages of Naughtiness, The Question Habit and Peter Pan Parents.

"... a good addition to the ... literature on child psychology."

—Nursing Mirror

Psycho-Analysis for All ^{By} Dr RUDOLF
URBANTSCHITSCH
2/6 net

"... few accounts of Psycho-analysis so simple and straightforward or so much to be recommended to the ordinary reader as this ... should appeal to all who wish to understand themselves or their fellows."—Alan Porter in *The Daily Herald*.

Life and Health of Mind and Body
By FLORENCE DANIEL
3/6 net

A thoughtful book which shows the relation that exists between the many functions of the Body.

"... written in a cheerful and vivacious manner and may be perused with benefit by patients suffering from mental and functional ills."—*Medical Times*.

Purpose ^{Edited by}
W. T. SYMONS and PHILIPPE MAIRET
Quarterly 6d. Yearly 2/-

A Review of present-day things and thoughts. Discusses literature, drama and art as well as politics and science, in the light of their own living intention.

Collected Works of Mary Everest Boole
Edited by E. M. COBHAM. *Preface by* ETHEL S. DUMMER
4 volumes, £3

Mrs. Boole studied the relations of unconscious to conscious and the part played by time sequence and the balance of the nervous system in the normal methods of approach to the As-Yet-Unknown to get light on our problems of everyday.



London
The C. W. Daniel Company
46 Bernard Street, W.C.1

METHODS OF PSYCHOTHERAPY

by

K. BIRNBAUM (Berlin), H. v. HATTINGBERG (Munich), G. R.
HEYER (Munich), E. JOLOWICZ (Leipzig), A. KRONFELD (Berlin),
E. WEXBERG (Vienna)

Edited by

DR. KARL BIRNBAUM

Lecturer at the University of Berlin

Vol. I.—INDIVIDUAL PSYCHOLOGICAL TREATMENT
By Dr. ERWIN WEXBERG of Vienna 6s.

Vol. II.—(a) SUGGESTION THERAPY
By Dr. ERNST JOLOWICZ of Leipzig
(b) HYPNOSIS AND HYPNOTHERAPY
By Dr. GUSTAV HEYER of Munich 8s. 6d.

Vol. III.—PSYCHO-ANALYSIS AND NEUROSES
By Dr. HANS VON HATTINGBERG of Munich 7s. 6d

Vol. IV.—THE TECHNIQUE OF PSYCHO-ANALYSIS
By Dr. HANS VON HATTINGBERG 5s.

Vol. V.—PSYCHOTHERAPY IN EDUCATION
By Dr. ARTHUR KRONFELD of Berlin 7s. 6d.

Vol. VI.—GENERAL SURVEY OF THE SERIES
By Dr. KARL BIRNBAUM of Berlin 3s. 6d.

LONDON: THE C. W. DANIEL COMPANY
Forty-six Bernard Street, W.C.1.